THE EIGHTY-FOURTH

ANNUAL REPORT

UPON THE

HEALTH OF LEICESTER

FOR THE YEAR 1932

BY

C. KILLICK MILLARD, M.D., D.Sc.,

MEDICAL OFFICER OF HEALTH.

APPENDICES

INCLUDING

I. REPORT of the TUBERCULOSIS OFFICER.
II. REPORT on the ISOLATION HOSPITAL AND SANATORIUM.
III. REPORT on the CITY GENERAL HOSPITAL.
IV. REPORT of the MATERNITY and CHILD WELFARE MEDICAL OFFICER.
V. REPORT of the CITY ANALYST.
VI. REPORT of the CHIEF SANITARY INSPECTOR.
VII. REPORTS of the V.D. MEDICAL OFFICERS.
VIII. STATISTICAL TABLES.

LEICESTER :
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(*As constituted January, 1933.*)

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Medical Supt. Isolation Hospital and Sanatorium	J. C. H. MACKENZIE, M.B. (GLAS.), CH.B. (GLAS.), D.P.H. (LOND.).
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Medical Supt. City General Hospital	E. C. HADLEY, M.D. (LOND.), L.R.C.S.E.
Assist. Medical Officers	A. M. McQUEEN, M.D., J. H. WEIR, M.B.
Maternity and Child Welfare Officer	E. B. B. HUMPHREYS, M.B.
Orthopaedic Surgeon	LESLIE MORRIS, M.D., F.R.C.S.

Secretary of Health Department.

WILFRID CARR.

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City General Hospital	„ L. K. MASTERS.
Maternity Home	„ EDITH BRADSHAW.
Day Nursery	„ ALICE M. MASON.

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Laboratory Assistants	J. L. PINDER. C. HYDE.

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Asst. Steward	S. WHATSIZE.
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Inspectors—

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M. C. CRIPPS, 1 2
H. ELKINGTON, 2 4
R. V. FIDDES, 1 2
T. HINES, 1 2
W. C. LONG, 1 2
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A. T. PRICE, 1 2
E. THOMPSON, 1 2
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A. WELTON, 1 2
J. YATES, 1 2

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,, M. CONLON, 8 10 11 12
,, E. M. CRAGG, 8 9 10 12
,, A. KAVANAGH, 8 10 11 12
,, B. M. LANGTON, 8 10 11 12
,, D. L. MALLISON, 8 10 11 12
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,, L. WALKER, 8
,, E. WILFORD, 8 10 12
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Tuberculosis Nurses .. ..
Miss F. BEASLEY, 8 10 12
,, E. MOUND, 8 10 12
,, C. NEILL, 10

---

1. Holds Sanitary Inspector's Certif. Roy. San. Inst.
2. Holds Meat and Food Inspector's Certif. Roy. San. Inst.
3. Holds Certif. of Roy. San. Inst. for San. Science as applied to Buildings and Public Works.
4. Holds Sanitary Inspector's Certif. under Public Health (London) Act, 1891.
5. Holds Sanitary Inspector's Certif. San. Inspector's Assocn.
6. Holds Certif. of Royal San. Assocn. of Scotland for Meat Inspection.
7. Holds Certif. of Royal San. Assocn. of Scotland for Sanitary Science.
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9. Holds Health Visitors' Certif. of the Roy. San. Inst.
10. Holds Certif. as fully Trained Nurse.
11. Holds new Health Visitors' Certificate.
12. Holds State Registered Nursing Certificate.

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SUMMARY OF STATISTICS

FOR THE YEAR 1932.

CITY OF LEICESTER.

Population at Census, 1931	239,169
,, (estimated) at Mid-year 1932	240,800
Marriages	2,127
Marriage-rate	17.66
Births	3,583
Birth-rate	14.88
Deaths (corrected for transferable deaths)	3,022
Death-rate	12.55
Deaths under One Year	251
Infant Mortality (per 1,000 Births)	70.05
Zymotic-rate (per 1,000 population)	.78
Respiratory-rate ,, ,,	1.87
Cancer-rate ,, ,,	1.48
Tuberculosis-rate ,, ,,	1.13
Phthisis-rate ,, ,,	1.00

Area of City (in acres)	8,582
Number of persons per acre at Census, 1931	27.9
Number of persons per “structurally separate dwelling” at Census, 1931	3.80
Number of Inhabited Tenements, January, 1933	64,488
Number of Empty Houses. January, 1933	395
Number of Empty Cottages, January, 1933	175
Rateable value (1st November, 1932)	£1,624,929
General Rate for the year, 1932-33	13s. 4d. in the £
Produce of 1d. Rate	£6,285

	England & Wales	118 Great Towns (Population exceeding 50,000) including London	London
Birth-rate	15.3	15.4	14.3
Death-rate	12.0	12.2	12.3
Infant Mortality (per 1,000 Births	65.0	70.0	67.0

(Registrar General's Figures.)

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HEALTH DEPARTMENT,
GREY FRIARS,
LEICESTER.

1st June, 1933.

To the Chairman and Members of the Health Committee.

LADIES AND GENTLEMEN,

I beg to present my Annual Health Report on the Health of Leicester for the year 1932. This is the thirty-second of these Reports which it has been my privilege to present.

The birth-rate was 14.9, being the lowest on record with the exception of that for the last year of the war.

The death-rate was 12.5 as compared with 12.4 in the previous year. The figure may be regarded as satisfactory.

The infant mortality-rate was 70 as compared with 63 in the previous year. Only three years ago, however, the figure was 80.

The number of tuberculosis deaths was lower than in any previous year except 1930, when it was almost the same. The number of fresh cases of tuberculosis was also reduced.

The deaths from cancer again showed no increase, which is some cause for thankfulness.

A section of the Report is devoted to the detailed results of the last Census, now available for Leicester. This throws some light upon the shortage of houses and consequent overcrowding in Leicester (page 2).

Minor smallpox gave comparatively little trouble during the year. At the time of writing (June) there have been no cases in the City for nine months. Vaccination of infants continues to fall into disuse, and the number of vaccinations registered during the year (118) was only 3.3 per cent. of the children born. The figure was the lowest for thirty-three years. The feeling is growing in strength that the compulsory (so-called) vaccination law might now well be repealed and be replaced by some voluntary system (page 16).

Another section of the Report is devoted to the important but unsavoury subject of infestation of houses with vermin (page 34).

A most important part of the Report is the Appendices, which contain the reports of the Chief Departmental Officers. These reports give details of the highly important work carried on in the various institutions and sub-departments controlled by your Committee.

To these officers, as well as to the subordinate ranks, and also to our indefatigable Secretary (Mr. W. Carr) my best thanks are due for their ready assistance ; as also to the Chairman and Members of the Committee for much consideration and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

C Killick Millard

Medical Officer of Health.

Medical Officer of Health's Report

FOR THE YEAR 1932

PART I.

Statistical

Population.

The population of Leicester at mid-year, 1932, as estimated by the Registrar-General, was 240,800, as compared with 241,300 for the previous year, a decrease of 500. This decline is, of course, no indication that Leicester people are not increasing, but merely that Leicester's increase of population is overflowing into the County. This over-spill of population has been going on for some years. When the proposed Extension Scheme becomes an accomplished fact, this will be remedied. The "natural increase," or excess of births over deaths, amounted during the year to 561. The chief source of increase of population, however, in a prosperous industrial centre like Leicester, is immigration, and but for the overflow referred to Leicester's population would certainly be growing rapidly.

Extension of the City Boundaries.

A scheme for the extension of the City has now been prepared in conjunction with the County Council, and it is hoped to carry it through by agreement under the Local Government Act, 1929, rather than by the contentious and expensive method of promoting a private Bill.

The scheme, as drafted, will increase the area of the City by 8,397 acres, very nearly doubling it. The increase of population will be about 20,000, and the increase of rateable value something like £100,000.

On the other hand, serious liabilities and responsibilities will have to be incurred, and the financial expert called in to advise upon the financial aspect is of the opinion that at first the extension will entail a burden upon the rates which he estimates should not exceed, in the worst year, 1d. or 1½d. rate. Ultimately, however, the extension should substantially benefit the rates, so the expenditure may be regarded as a good investment. Moreover, the longer the extension is deferred the more expensive it would probably be.

The added area will include the whole of the parishes of Humberstone, Braunstone Frith, almost the whole of the parishes of Gilroes, Beaumont Leys and Leicester Frith, and parts of the parishes of Thurnby, Evington, Lubbesthorpe, Braunstone, Anstey and Birstall.

The scheme has been approved by the Leicester City Council.

It need hardly be added that such a large area surrounding Leicester, added to the City, will provide for the needs of the population for many years to come.

The 1931 Census Report.

Reference was made to the 1931 Census in the last Annual Report. The detailed and amended figures for Leicester and Leicestershire have now been published (May, 1933) and some slight corrections are necessary in the figures given last year.

The population of the City of Leicester, on the date the Census was taken (midnight, 26th/27th April, 1931), was :

Males, 111,141 ; Females, 128,028 ; total, 239,169.

This was an increase in population on the figures for the previous census of 3,096 males and of 1,930 females, total increase 5,026.

The percentage increase was only 2.1.

The population of the Administrative County increased during the same period from 260,326 to 302,692, an increase of 42,366, or 16.3 per cent.

As was pointed out last year, the chief reason why the rate of increase in the Administrative County has been so much greater than the increase in the City, lies in the fact that the City has been largely overflowing its boundaries, great numbers of Leicester people going to live in the new houses which have been built all round Leicester in the area of the Administrative County. This is shown in the great increase in population in those rural and urban districts in close proximity to Leicester.

To take two examples only: The rural district of Blaby has increased from 16,565 to 32,764, an increase in the ten years of 97.0 per cent., or nearly double; whilst the rural district of Barrow-on-Soar has increased from 25,209 to 30,862, an increase of 22.4 per cent. By contrast, some other rural districts, at a distance from Leicester, have hardly increased at all, or have actually declined.

Age and Sex Distribution.

The following figures are taken from Table XI of the Census Report:

Sex.	Average age.	Age distribution per 1,000 of each sex.				Marital condition per 1,000 of each sex.		
		0-4.	5-19.	20-39.	40-.	Single.	Married.	Widowed and Divorced.
Males ..	32.5	76	244	325	355	473	486	41
Females	34.0	65	222	334	379	486	426	88

It will be observed that the average age of females is one-and-a-half years more than that of males, and that whilst there are more males at the age periods below 20 years, there are more females at the ages above 20 years.

Number of Dwellings.

The Registrar-General has adopted the term "structurally separate dwelling" in order to avoid the ambiguity attaching to the terms "house," "tenement," etc. He defines the term as "any room or set of rooms, intended or used for habitation, having separate access either to the street or to a common landing or staircase." Thus, each flat in a block of flats is a separate unit. On the other hand, a private house which has not been structurally sub-divided is still a single unit even though occupied by several families.

The number of "structurally separate dwellings" (occupied) in Leicester at the 1931 Census was found to be 60,719 as compared with 52,955 in 1921, an increase in the ten years of 7,764.

Rooms. The rooms enumerated for census purposes are the usual living rooms, including bedrooms and kitchens, but excluding sculleries, bathrooms or shop-rooms. The number of occupied rooms in Leicester at the Census was 332,950, and the number of persons per room was 0.69.

Families. Any person or group of persons included in a separate return as being in separate occupation of any premises or part of premises is treated as a separate family, lodgers being so treated only when returned as boarding separately.

The number of separate families in Leicester at the Census was 63,944 as compared with 55,976 in 1921, an increase in the ten years of 7,968. Since, during the same period, the number of separate dwellings has only increased by 7,764 it follows that, in spite of all the new building which has taken place—both by the municipality and private enterprise—the pressure of families on dwellings is just as great as it was ten years ago.

Size of the Family.

The actual increase in population fails to account for this, for as has already been stated, the increase in persons only amounted to 5,026.

The true explanation lies in the fact that owing to the reduced birth-rate, the average size of the family has been reduced. Thus, the 1931 Census shows the average size of the family to be only 3.61, whereas at the 1921 Census it was 4.28.

This, of course, has a most important bearing upon the housing question, and the number of new houses required, and reference will again be made to this under the section on Housing.

The number of families per occupied dwelling was 1.053. This means that in the 60,719 occupied dwellings there were 60,719 × 1.053=63,937 families. If we ignore the few houses in which there would be more than two families in a house, it follows that there are in Leicester 3,218 houses containing two families. Regrettable though this is, there can be little doubt that many cities are much worse off in this respect than Leicester. There is all the more reason why Leicester with all her resources should strive to provide enough houses to go round.

Vacant Dwellings.

There were 711 vacant unfurnished dwellings in the City at the date of the Census. This is slightly more (1.3 per cent.) than at the 1921 Census. As this figure of 711 includes empty dwellings of every description, and houses which have only just fallen vacant, it is not really many when spread over the whole of Leicester. It amounts to only 1.1 per cent. of the total dwellings in Leicester. No indication is given of the size of the vacant houses. Most of these would certainly be above the reach of the poor. House agents state that there are practically no houses vacant which are rented below 12/- a week.*

---

* A few days after these words were written a woman applied to me for help. She has been living in a two-roomed house for eight months for which they pay 12s. She showed the rent book of both this and her previous house and there were no arrears, yet she had been forced to take this house (with only one bed-room for husband, wife and two children) because they could get nothing larger for the money.

Overcrowding. For purposes of comparison the Registrar-General takes the presence of more than two persons per room as a rough index of overcrowding. He points out that this is in no sense intended as a standard of overcrowding. It takes no cognisance of such factors as size of room or age or sex of the inmates.

The following table, compiled from the Census data (Table 11), shows the position in Leicester at the 1921 and 1931 Census respectively :

Census.	1 room more than 2 persons.	2 rooms more than 4 persons.	3 rooms more than 6 persons.	4 rooms more than 8 persons.	5 rooms more than 10 persons.	6 rooms more than 12 persons.	Total houses with more than 2 persons per room.
1921	102	**233**	109	221	134	30	829
1931	83	**314**	80	160	59	11	707

In each size of house there has been a reduction in the number of houses with more than two persons per room, with the exception of the two-roomed house. That there should have been an increase is an indication of the pressure on the smaller house, and makes one hesitate in advocating the closure of this type of house until more small houses are available. Many of the families living in these little houses are in poverty, and poverty is usually the most impassable barrier to securing a larger house, whether municipal or private, always excepting the case of slum clearance where differential renting is in force.

The reduction in the number of overcrowded houses of more than two rooms—which means that to fall within the overcrowding index there must be more than six persons in the house—is largely accounted for, of course, by the smaller average size of the family to-day, and must not be taken as indicating a really lessened pressure on houses.

Marriages.

The number of marriages solemnised in Leicester during the year 1932 was :

In Church of England	1,094
Elsewhere	1,033
Total	2,127

The **Marriage-rate** was 17.66. The figures for previous years are given in Table 10. The marriage-rate has been declining slightly for the past three years.

Births.

The corrected number of births for the year was 3,583 (M. 1,886, F. 1,697). This is a decrease of 101 on the previous year.

The **Birth-rate** was 14.88, as compared with 15.26 for the previous year. The birth-rate, therefore, continues to fall. It was the lowest figure hitherto recorded with the exception of the year 1918, the last year of the war, when the figure was the same. Only three times before has the rate fallen below 16. Prior to the war the birth-rate had never fallen below 22. It is quite possible that within the next few years the birth-rate will have fallen below the death-rate. Figures for previous years are given in Table 10

Still-births.

The number of still-births notified was 112 (80 by midwives and 32 by doctors). The number of still-born children interred at the City Cemeteries was 198, so that 86 still-births apparently escaped notification.

On the basis of the interments the still-births amounted to 5.5 per cent. of the children born alive.

Illegitimacy.

The corrected number of illegitimate births was 218, equal to 6.1 per cent. of the total births, as compared with 4.9 per cent. for the previous year.

Deaths.

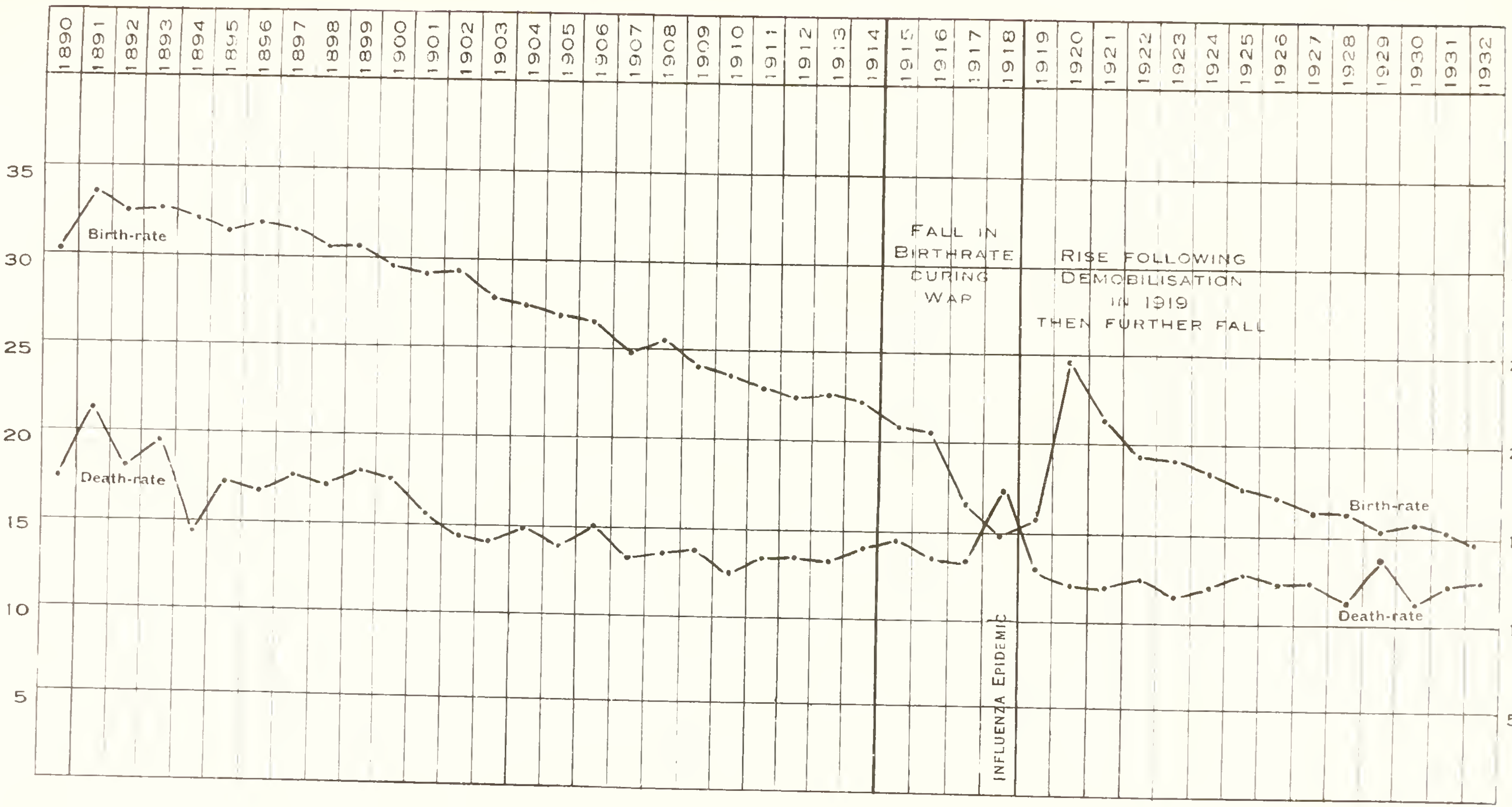
The number of deaths of persons properly belonging to Leicester was 3,022 (M. 1,501, F. 1,521). The number was 38 more than the previous year.

The **Death-rate** was 12.55. Although this is a fraction higher than the figure for the previous year (12.36) it is not an unsatisfactory figure. With the change which is taking place in the age distribution of the population (a larger proportion of middle-age and elderly people) it is recognised that we must look for a rise in the crude death-rate in the near future on purely statistical grounds.

The death-rate for the previous five years (revised in the light of the last Census) was as follows :—

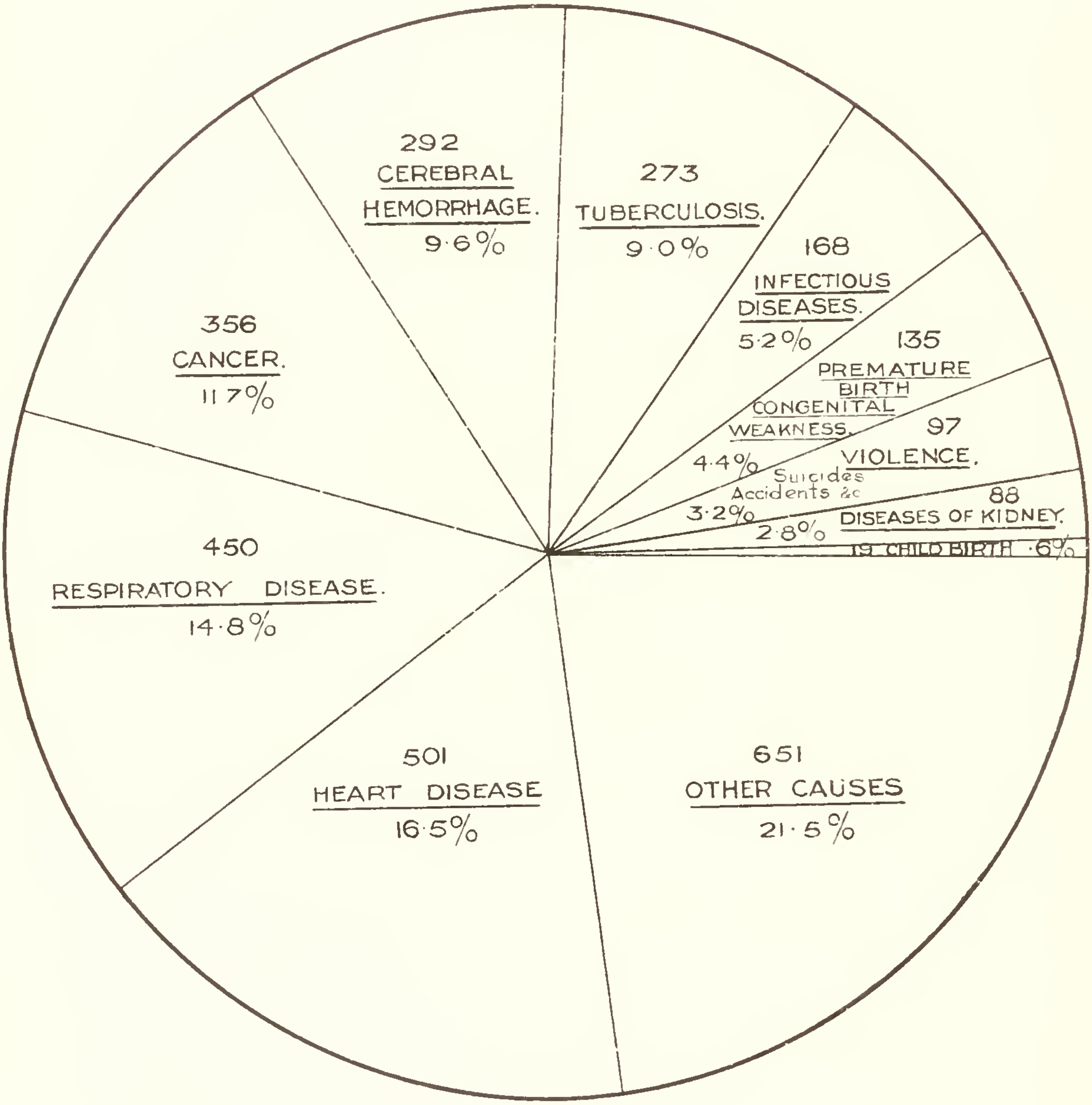
1927	12.69
1928	11.44
1929	14.20
1930	11.39
1931	12.36
1932	12.55

BIRTH AND DEATH RATES IN LEICESTER 1890-1932



GRAPH II

SHOWING PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1932



Infant Mortality.

The corrected number of deaths of infants under one year of age was 251, which, calculated per 1,000 births, gives an infant mortality-rate of 70.05.

The figures for previous years :

1925	87.6
1926	77.4
1927	75.1
1928	70.7
1929	80.3
1930	55.7
1931	63.7
1932	70.0

It will be seen, therefore, that although the figure is higher than in the two previous years, which, of course, is disappointing, these are the only two years in which a lower figure has been recorded. Some fluctuations in death-rates are inevitable.

The increase in the number of infantile deaths over the two previous years was fully accounted for by an increase in the deaths from respiratory disease (pneumonia and bronchitis), the figures being :

1930	27
1931	60
1932	127

Had the respiratory deaths been no more than in 1931, the infant mortality would have been only 51, easily the lowest on record.

Deaths from respiratory disease largely depend upon the weather and this, of course, is a matter over which we have no control, though doubtless much can be done by mothers to guard their infants from inclement weather.

On the other hand, there were fewer deaths last year from "congenital weakness" (malformation, premature birth, atrophy and debility), viz., only 79 as against 88 and 99, and so far as this indicates an improvement in stamina at birth it is to be welcomed.

Causes of Death. Relative Importance.

In order to show at a glance the relative importance as a cause of death of the principal diseases, or groups of diseases, a diagram has been prepared (Graph II) similar to one introduced in the previous Annual Report. Heart disease, respiratory disease and cancer stand out far in excess of other causes, followed by cerebral haemorrhage (apoplexy) and tuberculosis. In the previous year tuberculosis came fourth, and not many years ago it was in excess of cancer and came third. The change in position is due to the increase in cancer and the reduction in tuberculosis.

COMPARATIVE WARD STATISTICS.

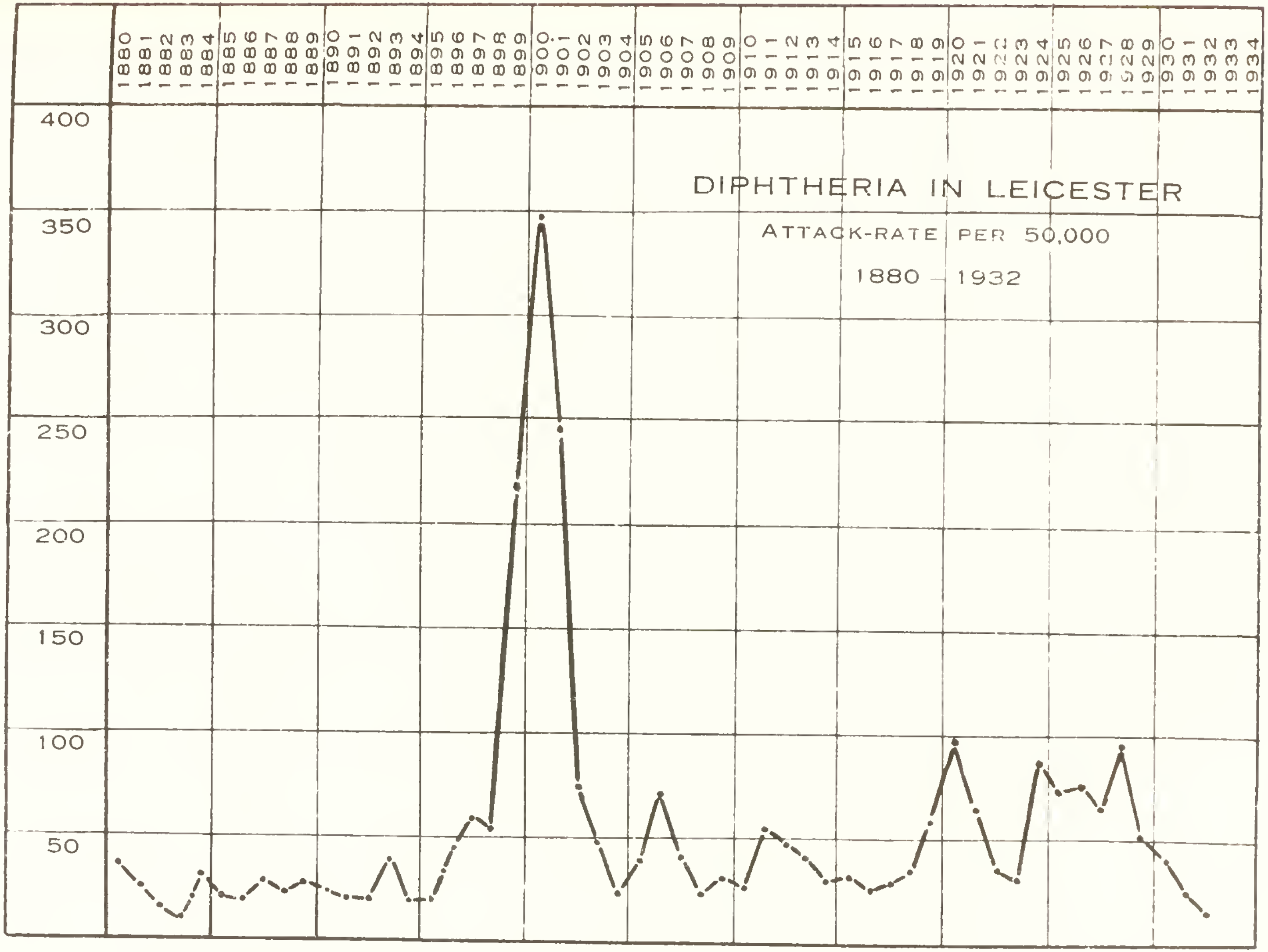
Leicester is divided into 16 Municipal Wards, being numbered from the centre outwards. Thus, the most central ward of all is No. 1—St. Martin's. This is also the smallest, both as regards area and still more as regards population. It is to-day largely a business area and the population is only just over 1,500. Next come three wards, also very central, 2, 3 and 4—Newton, St. Margaret's and Wyggeston. These cover some of the oldest parts of the City. Many of the houses are very old and small, the streets narrow and congested. These wards have long been looked upon as comprising the worst parts of Leicester. Our slum clearance scheme—the Green Street-Sandacre Street area—is situated in St. Margaret's Ward. Next comes a group of wards adjacent to the above and only a very little better as regards the conditions. This second group comprises Wards 5, 6 and 7—Latimer, Charnwood and Wycliffe. Latimer comprises the streets on the right of Belgrave Road, north and south of the Great Northern Railway. Charnwood comprises a number of congested streets round the Midland Goods Station. Wycliffe lies immediately south of the above and includes many rather better class streets in the Sparkenhoe Street and Highfield Street areas.

The third group, Wards 8, 9 and 10, includes De Montfort (which includes good class districts like Princess Road and Regent Road, but also a poor class area of mean streets off Wellington Street), the Castle (Oxford Street, Asylum Street and Jarrom Street district), and Westcotes, the latter a comparatively modern residential and working-class district.

Then we have a fourth group, Wards 11, 12 and 13—the Abbey (which comprises Newfoundpool, an isolated and comparatively modern working-class district standing at a higher level than the rest of the ward, together with some fairly good streets off Woodgate and some poor streets behind St. Leonard's Church), Belgrave, an outlying working-class district of more modern construction, and West Humberstone, also an outlying working-class district.

The fifth and last group, Wards 14, 15 and 16—Spinney Hill, Knighton and Aylestone—are all outlying areas and constitute the best of the five groups. Spinney Hill includes a large number of good

GRAPH IV



DIPHTHERIA IN LEICESTER

ATTACK-RATE PER 50,000

1880 – 1932

streets all round the Spinney Hill Park and in the Highfields area, almost all of the ward standing at a considerable altitude ; Knighton includes Stoneygate, the chief residential quarter of Leicester, and Clarendon Park, a superior working-class district. Aylestone is a modern working-class area and includes the new Park (Saffron Lane) Corporation Building Estate and Old Aylestone, which is really a rural village.

It is of interest to compare the vital statistics of these different groups of wards and for this purpose I have taken the average of the last five years, as this tends to eliminate accidental fluctuations The result is illuminating. (St. Martin's Ward is not included in any of the groups, as it is an exceptional ward and the figures are too small to be of much value.) The figures are shown separately.

Ward Statistics.

Arranged in Groups. Average for five years, 1928-1932.

	Ward Group.	Birth-rate.	Death rate.	Phthisis rate.	Infant Mortality.
	1. St. Martin's ..	12.7	11.0	Figures too small to be reliable.	71
1.	2. Newton .. 3. St. Margaret's 4. Wyggeston ..	18.7	14.0	1.49	103
2.	5. Latimer .. 6. Charnwood .. 7. Wycliffe ..	16.5	14.3	1.10	86
3.	8. De Montfort 9. The Castle .. 10. Westcotes ..	12.2	14.2	.81	63
4.	11. The Abbey 12. Belgrave .. 13. West Humberstone	13.4	10.3	.98	64
5.	14. Spinney Hill 15. Knighton .. 16. Aylestone ..	13.1	9.2	.65	46

It will be observed at once that, speaking generally, the various rates tend to fall progressively as we descend from the first to the last group, though Groups 3 and 4 are about on an equality. There are certain small interruptions to the progression as is only to be expected, but even so the result is certainly very striking.

Birth-rates.

The most notable exception in the birth-rate is Group 3. This is largely explained by the fact that De Montfort Ward for many years has been noted for its abnormally low birth-rate, its separate average for the five years being only 9.9. On the other hand, Belgrave, in Group 4, has a very high average birth-rate (15.7), which puts the average for the group up. Aylestone, in Group 5, has a still higher separate rate (16.9), but this is largely compensated by the low birth-rate in Knighton. Knighton's average birth-rate is the lowest of all the wards, viz., only 8.8, illustrating the well-known phenomenon that fecundity and position in the social scale vary inversely.

Death-rates.

It is satisfactory to find that Group 1's death-rate is not only no higher than that of Groups 2 and 3, but even a fraction lower. This is certainly surprising. I have worked out the corresponding figures for the previous five years and I find that the average death-rates for the three groups then were :

Group 1	15.9
,, 2	14.2
,, 3	12.1

so that relatively Groups 1 and 3 have changed position.

Phthisis-rates.

Poverty and bad social conditions have a well-known influence on the phthisis-rate so that the marked difference between Groups 1 and 5 is only to be expected. The phthisis-rate is a fairly good measure of the prosperity of an area. It need hardly be said that deaths from tuberculosis occurring in public institutions are allocated to their place of residence.

Infant Mortality.

Allowing that Groups 3 and 4 are on an equality, we find the progression here is quite as we should expect. As conditions of life improve the infant mortality comes down.

As regards St. Martin's Ward, although this is so central and contains some bad property, it is, as has been said, very largely a business ward, and probably an appreciable proportion of the residents, which altogether number only some 1,500, are of the nature of caretakers, and their families. For this reason it cannot be compared with the adjacent wards composing Group 1.

WARD RATES FOR 1932.

The ward rates for the year under review will be found in Table 2 in Appendix VIII. It is not proposed to comment on these at length, but it may be said that Aylestone Ward had the lowest general death-rate (8.9), Knighton Ward coming second with 9.7, and the Abbey third with 10.0. The wards with the highest death-rate were De Montfort (17.3), Wycliffe (16.8), and Wyggeston (16.5).

Newton Ward had the highest phthisis-rate (1.90) and Knighton the lowest (.45).

Knighton also had the lowest infant mortality, viz., only 26, sharing this honour with De Montfort. At the other end of the scale were Wycliffe (130) and Latimer (117).

As regards birth-rate, Knighton was easily the lowest with 8.7, whilst at the other end of the scale we find Wyggeston with 20.1, followed by St. Margaret's with 18.7.

The irony of the situation is that when home conditions are best children are fewest in numbers, and *vice versa*.

It will be observed that Knighton Ward last year had the lowest general death-rate, the lowest phthisis-rate, the lowest birth-rate, and the second lowest infant mortality. "Three firsts and a second!" Fortunate, happy Knighton!

PART II.

Zymotic and other specific Diseases or Causes of Death

MINOR SMALLPOX (Variola Minor).

Cases during the year (1932), 183. Deaths, none.

Before referring to the course of this disease during 1932, it will be well to briefly indicate the previous history of the City in relation thereto.

From 1905 till 1924—a period of 19 years—there was no case of smallpox in Leicester with the exception of two solitary imported cases (of the minor variety) from which no spread occurred.

From 1924 onwards the incidence of the disease has been as follows :

Year.	Cases.	Deaths.
1924	5	—
1925	72	—
1926	—	—
1927	7	—
1928	90	—
1929	320	—
1930	1,192	1 (infant)
1931	1,353	1 (infant)
1932	183	—
Total (in 9 years)	3,222	2

At the end of 1931 the outbreak seemed to have terminated. The number of fresh notifications dwindled down to nothing. The last patient was discharged and the smallpox hospital was at length closed in January of the year under review. But on the 18th January, 27 days after the last case had been reported, a fresh outbreak occurred, the infection being apparently introduced from outside. In February fresh importations occurred, and a number of cases took place in connection with a suburban cinema. Most of the cases were persons who had visited this cinema on a certain date, and two were attendants at the cinema. It was then discovered that a young man living outside Leicester, but who was keeping company with a girl in Leicester, had visited this particular cinema just at the time the cases in question must have been infected, the smallpox eruption being out on him at the time. A day or two later he had consulted a doctor, had been found to have minor smallpox, and had been removed to hospital. The source of infection of the subsequent cases was, therefore, made clear. The disease then got into two elementary schools in the same neighbourhood as the cinema, and it was also introduced into a hosiery factory not far off. In this way the disease succeeded in re-establishing itself. It crept up slowly in March, and in April 50 cases occurred, and in May another 50. Then it subsided. There were 19 cases in June, ten in July, nine in August, six in September, and two in the beginning of October. Since then the City has remained quite free.

Question of Hospital Isolation for Variola Minor.

There is little fresh to write about the disease. The very great majority of the 183 cases were very trivial, and there were no deaths.

As there was at all times plenty of room in the hospital, not many cases—only 27—were treated at home. Twelve of the cases which occurred at the beginning of the year, before we reopened our own smallpox hospital, were treated at the County Council Hospital at Syston.

Conversely, 40 cases from the County, which occurred after the County Council had closed both their hospitals, were treated at our hospital at Anstey Lane. We have an arrangement with the County Council to take one another's cases (for a fixed scale of payment) if one hospital is open and the other closed.

It is becoming increasingly doubtful how far hospital treatment for Variola Minor is worth while. So far as the patients are concerned, the disease in the great majority of cases is so slight that institutional treatment is certainly not called for.

There remains, however, the question whether by removing cases from their homes and isolating them in hospital the spread of the disease is materially reduced. In the case of Major Smallpox it was always believed that hospital isolation was more effective in preventing the spread of infection and was, therefore, more called for than in the case of any other disease, but it is possible that this belief was exaggerated.

As regards Minor Smallpox, the conclusion I have come to is largely as the result of the experience gained in 1931. In the early part of that year, owing to the great number of cases occurring, it was for some time very difficult to accommodate all cases in hospital, and a substantial proportion were treated in their own homes. Thus during a period of three months, January-March, 365 out of 967 cases, or 38 per cent., were treated at home. The result was apparently quite satisfactory. No fresh cases, outside the houses concerned, were traced to cases which were treated at home, and in March, when this practice was still in full operation, a rapid decline in the epidemic occurred.

The cases left at home were, of course, carefully selected, the selection depending upon the home circumstances ; and it does not follow because it was possible to satisfactorily treat some cases at home that all or nearly all could be so treated. But I do think it would be well if the old established rule that all cases of smallpox must be removed to hospital should be frankly abandoned in the case of Minor Smallpox, and that the question of hospital isolation should be treated on the merits of each individual case.

It is a fact that the cost of Minor Smallpox to a community depends very largely upon the cost of hospital treatment, and a very substantial saving would be effected if only a proportion of the cases which occur were allowed to remain in their own homes, as is the case with most other infectious diseases.

In this connection it may be pointed out that there are good grounds for believing that the duration of the period of infectivity is only very short—possibly in many cases only for a few days—in the case of Minor Smallpox. Although cases in Leicester (and probably elsewhere also) are only kept in hospital, on an average, for about 14 days, it is almost unknown for "return cases" to occur. In other words, cases give no evidence of being still infectious when they leave hospital. Probably this period of 14 days might safely be reduced to an even shorter period.

VACCINATION RETURN FOR 1932.

Vaccinations Registered :—		
Public	72	118
Private	46	
Exemption Certificates received		3,496
Certificates of Insusceptibility		none
Births (corrected)		3,583

There were no prosecutions for default. The vaccinations amounted to only 3.3 per cent. of the births.

There is a growing feeling amongst medical officers of health that to-day, in consequence of the virtual disappearance from this country of Major Smallpox and its replacement by Minor Smallpox, compulsory vaccination is no longer necessary. Your own medical officer has held this view for many years. This changed attitude found expression in more than one direction during the year under review.

At a Council meeting of the Society of Medical Officers of Health, held in May, 1932, the following resolution was passed :

> "That this Society, while reaffirming its belief in the efficacy of vaccination in conferring immunity against smallpox, is of opinion that the time has arrived when the question whether greater protection of the public against smallpox would be afforded by voluntary, rather than compulsory vaccination, should be considered."

This resolution had been submitted by the General Purposes Committee after they had had a conference with the Association of County Medical Officers of Health.

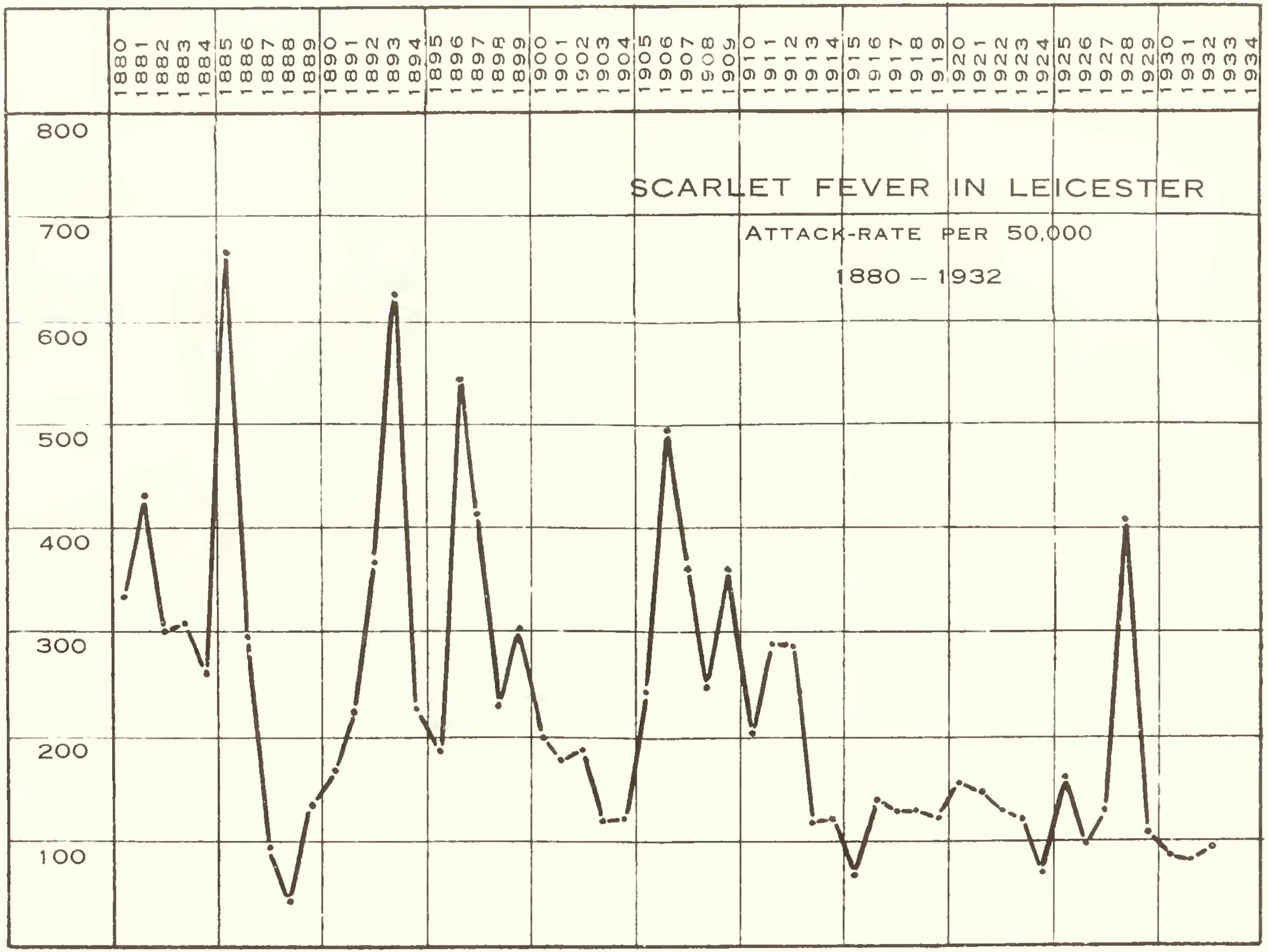
The question again came up at a meeting of the Council held in January, 1933, when the General Purposes Committee stated that a deputation had waited upon a Committee of the Association of Municipal Corporations and placed the views of the Society of Medical Officers of Health before the Committee.

The minute of the A.M.C. was as follows :—

> "The representatives of the Society of Medical Officers of Health expressed their views on the subject of vaccination and immunisation against infectious diseases, from which it appeared that the Society is of the opinion :—
>
> (*a*) That compulsory vaccination should be abolished.
>
> (*b*) That every possible step should be taken to provide easy facilities for voluntary vaccination and re-vaccination.
>
> (*c*) That the same facilities should be provided for other forms of immunisation against other infectious diseases ;
>
> (*d*) That the local authorities responsible for administering the law relating to the prevention of infectious diseases should be given by legislation or regulation wide powers of administration as regards (i) vaccination ; (ii) immunisation against any other infectious disease."

It is probably only a question of time now before the Vaccination Acts, at least so far as the compulsory clauses are concerned, are repealed. In view, however, of the difficulty of inducing any Govern-

GRAPH III


SCARLET FEVER IN LEICESTER
ATTACK-RATE PER 50,000
1880 – 1932
800
700
600
500
400
300
200
100
1880
1881
1882
1883
1884
1885
1886
1887
1888
1889
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1926
1927
1928
1929
1930
1931
1932
1933
1934

ment to provide facilities for the passing of any legislation, if at all contentious, which is not of political importance, it would be a mistake to be too optimistic as to how long it will be before this desirable reform is brought about.

SCARLET FEVER.

Cases, 463. Deaths, 2.

Removed to Hospital, 339. Proportion removed, 73 per cent.

For the fourth year in succession, scarlet fever has been non-epidemic. Indeed, there is reason to think that scarlet fever is definitely becoming less prevalent in Leicester than it used to be in past years. It is necessary to be cautious in making a statement of this kind as one can never tell what surprises the future may have in store, but a study of the accompanying graph, No. III, which shows the annual attack-rate from scarlet fever for the past 52 years justifies the conclusion that, even in epidemic years, the prevalence is certainly lessening. It will be noted that the successive peaks of the curve which indicate the epidemic years are progressively lower.

As to the cause of this decline, I am not prepared to claim it as the result of any administrative action. It is well known that changes take place in Nature which, with our limited knowledge, we cannot account for. Some diseases retrogress and become less prevalent whilst others advance and become more prevalent. The severity of disease may also change. Some diseases become less fatal, others more so. As regards scarlet fever, the fatality in Leicester has been declining for a longer period than the prevalence, and to such an extent has this taken place that to-day scarlet fever has virtually ceased to be a cause of death, whilst the individual case is usually very trivial. Indeed, a great many of the cases usually treated in hospital might well be treated at home. The Ministry of Health are quite in favour of such a course.

At the same time, there is no doubt that it is usually a great convenience to the friends to have cases removed and treated in hospital, and such is the popularity of the hospital that in the majority of cases removal is strongly desired.

DIPHTHERIA.

Cases, 76. Deaths, 5. Case Mortality, 6.5 per cent.

(Previous year: Cases, 115. Deaths, 6. Case Mortality, 5.2 per cent.)

Removed to Hospital, 73. Proportion removed, 96 per cent.

A similar graph, No. IV, showing the attack-rate for diphtheria during the last 52 years, has been prepared as in the case of scarlet fever, and it is interesting to compare these. The behaviour of the two diseases has been very different. The outstanding feature of the diphtheria curve is the very high and steep rise in the years 1899-1900 followed by an equally rapid drop in the following year. This was due to the widespread and fatal epidemic of 1899-1901. With the exception of this the diphtheria history of Leicester has been comparatively uneventful, and the disease has not shown such great fluctuations as has scarlet fever. During the past five years there has been a definite decline, thus :—

	No. of Cases.
1928	461
1929	253
1930	198
1931	115
1932	76

The figure for the past year is actually the lowest during the present century. One would like to think that a similar decline is taking place in the case of diphtheria as we have indicated has been the case with scarlet fever, but five years is hardly a long enough period to base a deduction of this kind upon.

The deaths from diphtheria were five in number, which gives a slightly higher case-mortality than during the last few years.

The treatment of diphtheria cases at the Isolation Hospital by the intra-venous administration of very large doses of anti-toxin has been continued and good results continue to be obtained, although it is not quite proven whether this is due primarily to the method of administration (intra-venous) or to the exceptionally large doses. Some allowance must also be made for the possibility that diphtheria has to some extent changed its type.

Diphtheria Immunisation.

Expert opinion in the medical profession, and especially amongst medical officers of health, is certainly growing in favour of the immunisation of the child population of a community against diphtheria by systematic inoculation.

Diphtheria is a very serious disease. Although varying widely in incidence and fatality at different times and in different places, it continues to take a heavy toll of child life throughout the country, and this being so we cannot be indifferent to any method which offers a reasonable prospect of reducing this mortality. At the same time, there are obvious difficulties, one being the hostility of many parents to any form of inoculation. Nor is this hostility entirely unjustified. Inoculation is not entirely devoid of risk. Moreover, for the past five years the deaths from diptheria have been greatly reduced.

As regards the results to be achieved by immunisation, it is difficult to get quite conclusive evidence, although in certain cases, e.g., the protection of nurses in isolation hospitals, there is no doubt that real protection is afforded.

The best time for immunisation is in the pre-school age-period, say, 1-4 years, the best age of all (on theoretical grounds), being just after an infant has been weaned.

The opinion seems to be growing that a preliminary Schick testing is not necessary, especially in the case of young children.

Personally, I feel that much larger experience is necessary before we can be quite confident as to what effect an immunisation scheme is likely to have in reducing mortality from diphtheria, even if a much larger proportion of children could be immunised than seems likely to be found practicable at present.

ENTERIC (TYPHOID) FEVER.

For some years now we have been congratulating ourselves on the virtual disappearance of enteric fever. This has not been peculiar to Leicester, the whole country having shared in this satisfactory phenomenon. For several years the number of cases reported has been less than half-a-dozen, and last year there was only one solitary case. This was a boy of 11 years. No clue was to be obtained as to any source of infection. The case was treated at home. Another case was reported and admitted to hospital, but was there found not to be enteric fever.

MEASLES.

In the last report attention was drawn to the fact that the mortality from measles in Leicester, taken over a period of 15 years, showed a definite decline. I am glad to be able to report a further year of comparatively low mortality, the deaths numbering ten as against 14 in the previous year. In 1922 the figure was 48, and in 1920 it was 83.

Measles is not a notifiable disease so it is not possible to say definitely whether the reduction in mortality is due to reduced prevalence or reduced fatality, but the probabilities are, in my opinion, in favour of the latter.

WHOOPING COUGH.

Whooping cough does not show the same reduction in mortality over a number of years as does measles. Nevertheless, the average deaths for the past three years has been substantially less than in previous three-yearly periods, viz., only 11, as compared with 31, 36 and 30. Three years is, of course, far too short a period to build upon, but it is encouraging as far as it goes. Measles and whooping cough have in the past taken such a heavy toll of infant life that it will indeed be a cause for thankfulness if they become less dangerous.

CEREBRO-SPINAL FEVER.

This disease has been showing a tendency to increase in Leicester, and in view of its very serious character and high fatality this was a matter for some uneasiness. I am glad to say that there was no further increase last year, 13 cases being notified as against 16 in the previous year. Seven of the cases proved fatal ; 10 cases were removed to hospital ; seven of the cases were in young children under the age of two years ; two others were children under 15 ; and four cases were adults. No connection was traced between any of the cases.

ERYSIPELAS.

This is included in the list of notifiable diseases, but it is very doubtful if any real advantage is gained thereby. Except under quite exceptional circumstances, such as in the surgical wards of a hospital, the disease does not spread from person to person, nor does it occur in epidemics. In these days, when it is necessary that every item of expenditure of public money should be carefully scrutinised, the list of notifiable infectious diseases might well be revised by the Ministry of Health with a view to some abridgment. There are other diseases besides erysipelas that might be omitted without any real detriment to the public health.

CANCER—MALIGNANT DISEASE.

The deaths from cancer numbered 356, of which 157 were in males, and 199 in females. The figure for the previous year was 357, or practically the same. We have so often had to record an increase in the cancer deaths that we must be thankful that no further increase has taken place. Still, the figures are serious enough as they are. One in seven of all deaths over the age of 45 is due to this one cause ; or one in nine of all deaths at all ages. The percentage of all deaths due to cancer was 11.7.

As was pointed out in the last report, the excess of female deaths can be accounted for by the fact that at the later age-periods of life there are substantially more females than males in the population. Although women suffer so much more than men from cancer of the sex organs, this is compensated for by the fact that men suffer more from cancer of other organs, especially the mouth.

Cancer Diagnosis.

As regards the campaign against cancer, the chief item of practical interest is the discovery by a Dutch scientist, Dr. Bendien, of a serum (blood) reaction which gives promise of being a real advance in the means at our disposal for diagnosis of malignant disease in the earlier stages. Dr. Bendien's method as first introduced was somewhat crude in detail and the results were not very reliable. The method has now been greatly improved in detail by Dr. E. Cronin Lowe of Liverpool, and the results are much more accurate and reliable. It is an interesting point that during pregnancy the blood gives the same reaction as the blood of a person suffering from cancer.

INFECTIVITY OF CANCER.

The commonly accepted view in the medical profession is that cancer is not an infectious disease in the ordinarily accepted meaning of the word "infectious." That is to say, that persons associating with or in attendance upon those suffering from cancer run no risk of "catching" the complaint. This view is strongly endorsed by almost all of those who have made a special study of the subject of cancer. There appears to be no reliable evidence that doctors or nurses ever catch the disease from their patients, or that even those living in the closest possible association with persons dying from cancer, e.g., husbands or wives of the patients, are any more liable to the disease than other people.

This is something to be very thankful for, not only as regards the healthy, but also as regards the sick ; the lot of the latter is often bad enough as it is, but if their friends and relations amongst whom they live were to regard them as a source of danger and treated them as lepers, their lot would be infinitely harder.

For this reason the Leicester Health Department has never accepted responsibility for house disinfection after a case of cancer. To do this would do more than anything else to encourage the idea that cancer is an infectious disease. When an application is made to the Health Department for "disinfection" in such cases, the position is explained to them courteously and in the great majority of cases I believe the applicants are satisfied. If not, there is nothing to prevent them having the necessary disinfection done at their own expense.

We are willing, however, when mattresses have become soiled and it is not wished to have them destroyed, to sterilise them in our steam sterilising chamber as a preliminary to having them re-made.

Cancer-houses.—Some people hold the belief that an undue incidence of cancer occurs in connection with certain dwellings ; in other words, that veritable "cancer houses" exist.

This question has been fully investigated, but no satisfactory evidence has been forthcoming that any greater incidence upon particular houses occurs than can be accounted for by the laws of chance. Cancer is unfortunately so common that it is quite natural and to be expected that in a certain small proportion of houses in a town multiple cases of cancer will occur in the course of a period of years. There may easily be a few houses in which four or five or more cases may occur within the space of, say, 10 or 15 years. Recently two French scientists, Dr. A. Lumière and Dr. P. Vigne, made a careful statistical study of this question in the town of Lyons. During a period of 20 years there were 6,703 deaths from cancer, excluding deaths in nursing homes and hospitals. These deaths occurred in 5,027 houses out of a total of 23,258 houses. In 3,869 houses there was just one death from cancer. In 953 houses there were two cases. But in two houses at the end of the list there had been seven deaths, and in one house eight deaths. The conclusion come to was that these few cases could be accounted for by the ordinary caprices of hazard. And so far as Lyons was concerned they decided that there was no evidence to support the theory of special "cancer houses." Yet anyone not possessing a mathematical mind, who merely took the case of these few houses with multiple deaths might be excused for thinking that they constituted definite evidence that cancer did tend to fasten itself upon individual houses.

Cancer Death-rate in Leicester Compared with Other Towns.

I am able to give the average cancer rates for the ten years 1921-30 for 23 large towns taken at random. These are shown in Table 31. From this it will be seen that Leicester is higher than the average, having an average cancer death-rate of 140 per 100,000 population, as compared with 133 for the aggregate county boroughs of England and Wales. Leicester comes sixth on the list, tying with Nottingham.

CANCER CONTROL CLINIC.

This clinic, of which there is only one other in the country, viz., at Greenwich, was started by the Health Committee six years ago, with the cordial approval of the Ministry of Health, who have watched the experiment with much interest. The object was to provide increased facilities for the early diagnosis of malignant disease. It is a well-known but deplorable fact that in very many—probably in a majority—of the cases of cancer, the real nature of the disease is not recognised until it is virtually too late for any measure of treatment to be of avail, so far at least as regards saving the patient's life. There are various causes for the delay which takes place, but one outstanding cause is the failure of the patient to obtain expert and thorough examination. At the clinic in question the surgeons on the staff of the Royal Infirmary take it in turns to attend. The best skilled advice is therfore available, and there is also a sympathetic trained nurse in attendance.

During the year there were 20 clinic sessions at which 43 patients presented themselves. Of these 21 were breast cases, eight were uterine, and 14 were various conditions. Happily, only three of the cases proved to be malignant ; these were all breast cases. A few other cases were referred to the Royal Infirmary for operation or treatment for some non-malignant cause ; other cases were referred to their own medical attendant, and the majority were reassured that there was no evidence of cancer and sent away relieved in their minds. The smallness of the numbers is disappointing.

It is interesting to note how the patients got to hear of the clinic :—

Sent by own doctor	9
Sent by Infant Welfare Department	8
Saw notice in trams	9
Told by a friend	5
Previously visited Clinic	3
Various or not stated	9
	43

Postscript.—Since the above was written, the Health Committee, acting on the advice of the Cancer Advisory Committee, have decided to close the clinic on account of the smallness of the numbers of patients attending. At the same time it was decided to provide facilities in Leicester for the application of the new Bendien reaction serum test for cancer referred to above. Specimens of blood serum from suspected cases will be collected at the Royal Infirmary and, for the present, will be sent to London, the cost being defrayed by the Health Committee. It is hoped that in this way as much good—and probably more—will be accomplished in promoting early diagnosis as by the clinic.

TUBERCULOSIS.

The number of fresh cases notified and deaths registered during 1932 was as follows (corresponding figures for previous years in brackets) :—

	Cases.		Deaths.	
Pulmonary tuberculosis (phthisis) ..	442	(511)	240	(262)
Other forms	69	(61)	33	(49)
Total	511	(572)	273	(311)

The number of fresh cases notified was the lowest hitherto recorded, but this does not necessarily mean that tuberculosis was really less prevalent than ever.

Calculated per 100,000 of the population, the phthisis death-rate for 1932 was 1.00, and the tuberculosis death-rate was 1.13. Both these figures are lower than in the previous year. Indeed, only in one year (1930) has the figure been so low.

The reduction in the number of fresh cases notified is to some extent accounted for by changing views as regards the nature of pulmonary tuberculosis in childhood. Some of the lung cases in children formerly regarded as being tubercular in origin are not now so regarded, and this necessarily affects the notification returns. Reference was made to this at some length in the last report.

Further and fuller reference to tuberculosis and to the work being done by the Health Committee in connection with tuberculosis will be found in the Reports of the Tuberculosis Officer (Appendix I) and of the Isolation Hospital and Sanatorium (Appendix II).

RHEUMATISM.

Rheumatism is not a notifiable disease and it only rarely proves directly fatal. Only two deaths were registered as due to it in 1932. At the same time it is one of the chief causes of invalidity and incapacity for work, and few diseases make heavier demands upon sick benefit funds.

This important subject was reported on so fully in the last report that there is no need to say much on this occasion. It may, however, be repeated that the name "rheumatism" really covers a group of diseases, and that there is a profound difference between acute and chronic rheumatism, between articular (joint) and muscular rheumatism and between the early and late manifestation of the disease, including in the latter term the sequelae or after effects, e.g., valvular disease of the heart.

This multiple nature of the problem increases the difficulties of providing facilities for dealing with "rheumatism." Before action is taken it is desirable to know just what part of the problem our attack is to be aimed at.

At the present day the chief action that is being taken, and this only in a very few places, is in two directions.

(1) The Rheumatism Clinic or Centre. This consists essentially of an out-patient clinic under the charge of a medical practitioner who specialises in the subject. The clinic largely acts as a "clearing station," the object being to ensure as far as possible that all cases are kept under expert supervision and advice, but not necessarily to provide specialised treatment. Quite ordinary premises can be used for such a centre.

(2) Institutions such as the Red Cross Rheumatism Clinic at Peto Place, London. Here there is a large well-equipped institution, provided with facilities for bathing, medicinal and otherwise, massage, and various kinds of electro-physical treatment.

It need hardly be said that such an institution as the latter entails a large capital expenditure at the outset, whilst the cost of maintenance is also high. The latter, however, can largely be met by charges made to patients or to local authorities and other bodies who send the patients.

PNEUMONIA.

Pneumonia remains one of the principal causes of death. Last year 244 deaths were ascribed to it, the only other diseases causing more deaths being "heart disease" (really a group of diseases), cancer, and tuberculosis.

There are two distinct forms of pneumonia recognised, viz., lobar pneumonia and broncho-pneumonia, and they differ materially in their clinical manifestations as well as etiologically. Speaking generally, lobar pneumonia is specially fatal amongst old people, and broncho-pneumonia amongst the young. Pneumonia is undoubtedly a germ disease, but our knowledge as to the conditions favouring its spread is at present very scanty. Pneumonia deaths increase during and after spells of cold weather and especially during the early months of the year, but other factors besides cold influence the mortality.

Of the 244 deaths last year, 61 occurred under two years of age, and 146 were over the age of 45 years.

During the past year the Public Health Department of Glasgow have been studying the disease statistically and bacteriologically and have added to our knowledge somewhat. There are several types of lobar pneumonia recognised, and the different types are believed to be associated with different varieties of the *pneumococcus*, the organism which is regarded as the cause of pneumonia. At different seasons, or in different years, different types may predominate. It is thought possible that the disease, although not usually spread directly from the sick to the healthy, may nevertheless be transmitted by so-called healthy "carriers," just as is now believed to be the case with many other zymotic diseases, e.g., cerebro-spinal fever and poliomyelitis. Our knowledge, however, is still so incomplete that there is very little that can be done in the way of practical measures to limit its spread. In the writer's opinion it is doubtful if much useful purpose is served by retaining pneumonia as a notifiable disease.

VENEREAL DISEASES.

Venereal diseases are not notifiable and even though they were it is very unlikely that the number of cases notified would bear any real relationship to the actual number of people infected. For venereal diseases are fundamentally different in their nature from other infectious diseases. There is such a strong social stigma attaching to these diseases that the natural desire of anyone who becomes infected—whether innocently or otherwise—is to conceal their presence, and many victims will resort to almost any expedient to avoid exposure and publicity. Nor is this to be wondered at, for the fact that anyone is suffering from these most dangerous and repugnant affections is calculated, if it should become known, to seriously handicap the individual in almost any calling or walk in life.

Moreover, the early symptoms are often very slight and may easily be overlooked, even though the late manifestations, occurring perhaps years afterwards, may be very severe. It is not an uncommon thing for the existence of syphilis to be discovered only when some serious constitutional disease (e.g., general paralysis of the insane or locomotor ataxy) occurs which is known to be originated by syphilis or to be in reality a late manifestation of that disease.

The number of fresh patients presenting themselves for treatment for the first time at the V.D. treatment centres form a rough index which is of some value in comparing one year with another, but the figures are not of great value as they are largely influenced by any propaganda which may be carried on and by the popularity of the clinic. Also it is necessary to distinguish between fresh cases of recent V.D. and old standing cases appearing for the first time.

The figures given in Table 13 must be read, therefore, with this limitation in mind.

I would draw special attention to the report of Dr. Hamilton Wilkie (Appendix VII), which deals exhaustively with his work for V.D. in males.

SCABIES TREATMENT CENTRE.

The use of a hot bath is of great assistance in the treatment of this unpleasant and contagious affection. Facilities are provided in the basement of the Health Offices. The treatment given is supervised by the Medical Officer of Health.

The following figures show the number of cases treated in recent years :

	Children	Adults	Total
1929	29	3	32
1930	25	4	29
1931	30	3	33
1932	51	9	60

The reason for the substantial increase in the past year is not known. Cases are sent to us from the School Medical Service and by private medical practitioners.

PART III.

Administrative and General

HOUSING OF THE WORKING CLASSES.

The following table shows the number of new houses which have been erected in Leicester during the past eleven years by private enterprise and by the Corporation.

Number of New Houses Erected.*

	By Private Enterprise		By Housing Committee	Total
	Without Subsidy	With Subsidy		
1921	21	87	392	500
1922	114	—	260	374
1923	135	—	84	219
1924	336	70	114	520
1925	298	239	513	1,050
1926	374	303	1,036	1,713
1927	726	265	1,590	2,581
1928	481	523	587	1,591
1929	348	680	396	1,424
1930	583	—	505	1,088
1931	632	—	372	1,004
1932	792	—	584	1,376
Total for 12 years	4,840	2,167	6,433	13,440

N.B.—Of the 6,433 houses erected by the Corporation, 2,236 were outside the City boundary.

It will be seen that in the 12 years during which post-war building has been taking place a grand total of 13,440 new houses have been built: 6,433 by the Corporation, partly inside and partly outside the City, and 7,007 by private enterprise all within the City. Of the houses erected by the Corporation, 2,236 or 34 per cent., were beyond the City boundary. These extra-mural houses probably represent a population of nearly 10,000 Leicester people living in the County in Corporation houses. In addition, there has been much building by private enterprise all round Leicester, largely of course for Leicester people, i.e., people moving out from Leicester to live but still working in Leicester.

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* Figures supplied by the City Surveyor and City Housing Architect.

As regards the number of houses erected by private enterprise, it is two years now since the Government subsidy was discontinued. The immediate effect of this cessation was to cause a big drop in the total number of houses erected by private builders, but as will be seen by the figures in the second column, the number of non-subsidy houses is steadily increasing. This is satisfactory as far as it goes.

As regards the houses erected in 1932 by the Corporation, 32 were in connection with Re-instalment Scheme No. 4, and 184 were in connection with the Green Street-Sandacre Street Slum Clearance Scheme. The latter were all on the Tailby estate.

Shortage of Houses in Leicester.

In spite of the large number of new houses which have been erected in Leicester, as shown in the table above, there is undoubtedly still a great shortage of houses in Leicester, and especially of houses to let at a rental within reach of the poorer section of the community, say, at rents not exceeding 10s. 6d. a week inclusive. Again and again I have been told by persons who have searched in vain to get a house within their means, that there is nothing to let below 17s. 6d. or even 20s., inclusive, and house agents confirm this.

The explanation of this shortage is this—although the actual number of persons in Leicester has not increased very much in the intercensal period, the number of *separate families*, as has been stated earlier in this report in the section dealing with the Census Return, has increased very much, viz., by no less than 7,968. This is due to the reduced average size of the family (from 4.28 to 3.61) which in turn, no doubt, is due to the falling birth-rate and the fact that married couples are to-day satisfied with fewer children than was formerly the case.

The total number of new houses actually erected during the ten years, 1922-1931 (practically the intercensal period) was 11,564, and some 2,210 of these were outside the City boundary, which reduces the number (for the purpose of the present calculation) to 9,354. This is only 1,386 more than the additional number of families, and from this must be deducted all the houses which have been demolished during the period in question, not only by the Health Committee, but to make room for factory extensions, road widening, etc.

To put it in another way, Leicester is in reality very little, if any, better off as regards the ratio of houses to families than was the case at the end of the war, when there was, as is well recognised, a very serious shortage.

OVERCROWDING IN LEICESTER.

The natural corollary to a shortage of houses is overcrowding, and many cases of overcrowding—some so bad as to constitute gross overcrowding—continue to come to the notice of the Health Department. Some of the cases are very pitiable and when, as is often the case, overcrowding is combined with poverty, and a shortage of houses exists so that landlords can pick their tenants, there is little chance of the unfortunate family getting a larger house through their own efforts. In such cases it is essential, if the overcrowding is to be relieved, that outside help, from some source, public or private, should be forthcoming.

The following case, which was brought to the writer's notice by a house agent within two days of these words being penned, is a case in point. It was described as a "terrible" case, but, bad as it is, worse cases are known to the Health Department.

> "A man, wife and ten children are sharing a four-roomed house with the wife's father. The old man occupies the front room downstairs, leaving the kitchen and the two bedrooms for the family of twelve. The ages of the children are: males, 21 and 18; females, 17, and five younger ones. The father has been out of work for a long time and is disqualified for unemployment benefit, but has just obtained work; the eldest son has also been out of work for some time and is still unemployed; the second son has been unemployed but has just started to work again. The daughter is the only one in regular work. The rent of the house, which is still controlled, is only 6s. 6d. Hence, to move to any larger house would involve double the rent at least, even if any landlord would accept them. The wife states that she has lived in this house with her father ever since she has been married, and all her eleven children have been born in the house. (One daughter is married and lives away)."

THE PROBLEM OF THE SLUMS.

In previous reports, and elsewhere, I have repeatedly urged the importance of the human factor in the slum problem. There has been a tendency, I think, to rather overlook this and to assume that the slum problem was merely a question of bricks and mortar. One of the worst features of the slum problem, in my opinion, is overcrowding.

and we shall never cure overcrowding—and therefore we shall not solve the slum problem—merely by the wholesale demolition of old houses, many of which, if properly looked after and made the best of, are not in any real sense "slums."

In this connection reference may be made to a special "slum" number of the *Architects' Journal* (June, 1933). In a "Foreword" by the Editor we read :—

> "The slum problem and the overcrowding or housing problem are treated officially as though they were separate questions. They are not. . . The slum problem will not disappear when every slum building is in the hands of the housebreaker. Overcrowding automatically produces slum conditions, and until the increase in the number of houses overtakes the increase in the number of families, new slums will spring up as fast as old ones are pulled down."

As a frontispiece to this special "slum" number, we are given a photograph of a "slum"—a fairly tidy, well-kept dwelling of two rooms but occupied by a father and mother and eight children, the whole family sleeping in one room.

I have been looking up all the dictionary definitions of the word "slum" and almost without exception the human factor as well as the bricks and mortar factor is equally stressed.

The following may be cited as typical definitions of the word :—

> "*Slum :* A street or area which is in an insanitary, dirty, dilapidated and neglected condition, inhabited by the poorest and most thriftless of the population, and usually greatly overcrowded ; a low, dirty court, back-alley, etc."—*Universal Dictionary*, 1932.

> "*Slum :* A street, alley, court, etc., situated in crowded districts of a town or city and inhabited by people of a low class or by the very poor ; a number of these streets or courts forming a thickly populated neighbourhood or district of a squalid and wretched character."—*Oxford Shorter Dictionary*, 1933.

Overcrowding is not nearly so bad in Leicester as in many cities—all the more reason, therefore, for grappling with the problem fearlessly. At present, such is the shortage of houses at rents within reach of the poor, that it is well-nigh impossible for large families with small incomes, once they have got down to the slum level, to extricate themselves unaided.

THE HOUSING (FINANCIAL PROVISIONS) ACT, 1933.

A brief reference may be made to this Act although it was not passed within the year under review.

The most important provision, which is contained in Section 1, is that the subsidy under the Housing Acts of 1923 and 1924 is to cease. The Government have taken this step because they believe that private enterprise, aided by the fall in building costs, can now cater for the needs of the people apart from slum clearance.

Section 2 gives power to the Minister of Health to undertake to reimburse to local authorities part of any loss sustained by them under guarantees given by them to building and other societies, provided that the proposals for guaranteeing have been approved and that the liability of the local authority is not greater than "two-thirds of the difference between the amount advanced by the society to the builder and the amount that would normally be advanced without the guarantee."

This means that any loss through default will be shared between the building society, the local authority, and the National Exchequer. No doubt, under this scheme the cost to the community will be much less than the cost of building houses and letting at a loss as hitherto, but the question is will it succeed in "delivering the goods," i.e., in getting the houses built which are still needed so badly.

There are only three sections in this Act and these only total 65 lines of print, which, in view of the far-reaching character of its provisions, is rather astonishing.

Present Housing Policy of the Government.

The housing policy of the Government, so far as it affects local authorities, is set out in Circular 1331 of the Ministry of Health.

In it local authorities are urged to speed up the present rate at which slums are being dealt with, and they are asked to prepare and adopt a programme setting out the areas, whether clearance or improvement, which it is proposed to deal with and stating the time which it is estimated will be required to carry out the programme, including the provision of the necessary new houses for re-housing the displaced tenants. It is requested that this programme may be sent to the Minister of Health not later than the 30th September next.

The Circular observes that conditions are now exceptionally favourable for house building. "With low building costs and cheap money, houses built with the subsidy payable under the Housing Act, 1930, can be let at rents well within the capacity of the poorest of the working classes." In the opinion of many this view is much too optimistic, but in any case the circular makes no reference to the relief of overcrowding which in most towns constitutes one of the worst features of the slum problem. No provision exists in the 1930 Act for dealing with such a case as that quoted in the preceding section, unless the case happens to be situated in a clearance or improvement area. In the writer's opinion, an amendment of the Housing Act, 1930, is urgently needed to enable individual cases of overcrowding, as well as individual insanitary houses, to be dealt with under the Act, so that houses built to provide alternative accommodation for such cases would qualify for subsidy.

"VERMINOUS" HOUSES.

During the year much attention was given by the Department to that unsavoury but important aspect of the slum problem, viz., the infestation of cottage property with bugs.

Your officers have devoted considerable time and attention to studying the life-history of this objectionable and noxious insect—both in its natural habitat and surroundings and also in captivity—with special reference to the best methods for eradicating it. I may mention that your Medical Officer of Health chose this subject for his presidential address to the Conference of Medical Officers of Health at the Brighton Congress of the Royal Sanitary Institute held in July.

The subject is so unpleasant and distasteful that many people, not unnaturally perhaps, prefer to ignore it, and this perhaps explains why it has not hitherto received the attention its importance deserves. In polite society, indeed, it is bad form even to mention the name of the insect, and it is usually referred to euphemistically as "vermin."

The scientific name of the insect is "cimex lectularius," but this is rather too much of a "mouthful" to expect it to become popular as an alternative for the popular name.

The common bed bug is far more common than most people are aware—much more common, indeed, than I myself imagined until I came to take the subject up. I do not think it is an exaggeration to say that the majority of old cottages in the poorer parts of Leicester—and there is no reason to think that Leicester is any worse than other towns—are more or less infested with this loathsome pest.

Although it has not been definitely proved that the bed bug is the carrier of any particular disease—as is the case with the rat flea (bubonic plague), the body louse (trench fever), the mosquito (malaria), and several other insects which could be mentioned, it is obviously quite possible, from analogy, that disease may be transmitted by it. But apart from this it is probable, in my opinion, that much of the anaemia and wasting seen in infants and young children living in poor homes is due to the nightly massed attacks made on their helpless victims by these voracious blood suckers in houses which are badly infested with bugs.

No doubt a badly infested house usually reflects seriously upon the character of the tenants, but not always so, for it has to be admitted that it is a matter of extreme difficulty to rid a house entirely of this pest, once it has become established, especially if the fabric of the house is old and affords abundant hiding places. Moreover, if a house is badly overcrowded the difficulty is much increased. So difficult is it to completely disinfect a house, once these pests become established, that even a Health Department, with all its resources, is often defeated.

One of the questions the Department set itself to discover was the best methods of exterminating bugs. Enquiries of other Health Departments showed that there was much uncertainty as to this, and that there was still much to be learnt about it. The matter being of urgent practical importance in connection with the removal of tenants from the Green Street-Sandacre Street Clearance Area to the new houses on the Tailby Estate which had been provided for them, we set to work to study the problem. Obviously, steps had to be taken to disinfect the belongings of these tenants before removal if we were to prevent the new houses from becoming infested.

Owing to the unsatisfactory results hitherto obtained from the old-time method of fumigation with sulphur dioxide (burning brimstone), it was decided to experiment with hydrocyanic acid gas which is recognised as the most effective method, and your Committee authorised ten houses being treated by what is known as the "Galardi" process. Owing to the highly dangerous nature of this gas to human beings, it is necessary to employ only trained men in using it, and arrangements were accordingly made with a London firm of specialists to carry out the work. A row of seven houses were selected in the clearance area, but as these houses were about to be vacated and demolished it was thought desirable, as a better test, to treat three other houses which were not going to be demolished at present. In the event this proved to be a wise precaution.

In order to enable the fumigation to be carried out, the tenants were asked to vacate their houses at 9 a.m. on the day arranged, and alternative shelter, for the day, was provided for them at a neighbouring mission hall, where milk for the children and other amenities were provided free. The fumigation was begun almost as soon as all the houses were empty, the pasting up having been done as far as possible the day before. The houses were reopened a few hours before bedtime, and the air of the rooms chemically tested and found to be free of any trace of hodrocyanic acid gas before the tenants were allowed in. It is only fair to the firm in question to say that they would have preferred to have had the houses vacated for a full 24 hours, but owing to the difficulty of finding alternative sleeping accommodation they agreed to do it in the period stated.

The result can hardly be regarded as satisfactory. The seven houses in the area appeared to be quite free, but as they were vacated soon afterwards we cannot say whether they really were so or not. In two of the three houses outside the area which continued to be occupied, bugs in considerable numbers reappeared within a few weeks. The firm explained this failure by the fact (*a*) that the time of exposure to the gas was too short. (*b*) that they did not use enough gas to compensate for this, and (*c*) that the houses were so old and dilapidated (they were awaiting demolition as soon as alternative housing accommodation was available) that they could not be made gas-tight. The firm did not charge for these two houses.

In view of this failure and of the fact that the method is somewhat expensive, it was decided to persevere with sulphur dioxide, which has the great advantage of not being dangerous to human beings like hydrocyanic acid gas, and also of being comparatively cheap. Much greater concentration of gas was employed than had hitherto been used, this being secured by burning a much larger quantity of sulphur per room than the amount hitherto considered adequate. As a safety precaution for the men employed on the work a proper gas mask and respirator was provided.

Another condition of success in using sulphur is, I believe, that the process should be repeated in from two to three weeks' time, the reason for this being that the eggs of the bug are much more resistant to the sulphur fumes than the live insects. During the intervals between the fumigations any eggs which have not been destroyed will hatch out, and then they are destroyed by the second fumigation before they have attained maturity, mated, and laid fresh eggs. This, of course, increases the labour involved but if it makes for success it is worth it.

If sulphur is used in this way, and other conditions are favourable, I am inclined to believe that it can be much more effective, and if so, that, for all-round purposes, it is the simplest, cheapest and safest method. Of course, if it is possible to get the house vacated so that it can remain under treatment for 24 hours, it is a great advantage, but, unfortunately, this is very often impracticable. We have not yet tried providing sleeping accommodation for tenants whilst houses are being disinfested, but if this could be done it would certainly make it easier to get a house temporarily vacated.

There are many chemical reagents on the market advertised as being highly effective in destroying bugs, and so no doubt they are, provided only that they can be sprayed direct on to the insects, but that is just the difficulty owing to the inaccessibility of the cracks and crevices in which the insects lurk. Where it can be applied, boiling water is quite effective, and a steam spray apparatus is on the market which serves the double purpose of removing old wallpaper and destroying the bugs and their eggs. Speaking of wallpaper, there is no doubt that the custom of papering walls definitely encourages bugs by providing them with convenient shelter. It is a real revelation to strip off old and loose wallpaper from a bug-infested house. The practice of colour-washing walls, at least in sleeping apartments, is much to be preferred to papering. For the same reason, skirting boards and picture-rails are objectionable as providing good "cover" for the insects, and wherever these are fitted in new houses, they should always be made easily removable, as also the architraves of doorways. For the crevices formed by the joints in bedsteads, brushing over and spraying with ordinary paraffin is simple and quite effective.

In the case of the houses in the Green Street Clearance Area referred to, prior to removal of the tenants to the new houses, a special and more elaborate procedure was adopted. A staff was detailed for the work and paid special attention to furniture and belongings, using a paraffin spray and repeating the process on two or three successive days whilst bedding and articles which would not be damaged by steam were removed and passed through the steam disinfector, being thence delivered to the new house the same afternoon without returning to the old house.

In concluding these remarks, I wish to say that I feel very strongly that no effort should be spared in trying to combat this detestable feature of slum life. I would like to be able to condemn every bug-infested house as unfit for human habitation and throw the onus of disinfecting it jointly upon the owner and occupier. If they failed to disinfest it within a reasonable time the house should be scheduled for demolition. At the same time, the Health Department should, as at present, render whatever help they can in securing disinfestation, and I feel that any expenditure by the Committee on this work would be money well spent. It would be reasonable, however, to expect the owner and occupier, or both, to contribute towards the cost when they are in a position to do so.

CREMATION.

The number of cremations taking place at the Leicester Crematorium during the year was 94, as compared with 89 in the previous year. This brings the total number of cremations carried out, since the opening of the Crematorium in 1902, to 1,151, but during the first 13 years only 142 cremations were carried out. The apparatus was then entirely remodelled and a new type of furnace (coke burning) installed. This was brought into use in August, 1914, and from that time until 31st December, 1932, 1,009 cremations have been carried out.

Of the 94 cremations during the year under review, 52 were from the City, the rest being from surrounding areas. Up to two years ago a large number of cremations were of bodies from the Nottingham area, but now that Nottingham has its own crematorium, these cases naturally go there. This has caused a temporary reduction in the number of cremations at Leicester, but allowing for this the number is steadily increasing year by year. During the present year, 1933, the number of cremations during the first three months has been 41, so that there is good reason to think that the figures for the complete year will considerably exceed those for last year.

Disposal of the Ashes after Cremation.

Since the creation of the "Garden of Remembrance" at the Gilroes Cemetery, the method of disposal of the ashes by scattering has grown rapidly in favour, and it is now the most popular method. Last year the figures were :

Scattered in "Garden of Remembrance" ..	57
Placed in Niches	7
Removed for disposal elsewhere	30
	94

Classification of Persons Cremated during the year.

Professional :	
Clergymen and Ministers	3
Architects	2
Medical Practitioners	2
Various	5
Trade and Commerce	15
Weekly wage earners	20
Women (housewives, &c.)	25
Children	3
Various occupations	11
No occupation (independent means)	8
	94

Cremation throughout Great Britain.

There are now 24 British crematoria and the total number of cremations carried out last year was 6,315, as compared with 5,195 and 4,533 in the two previous years.

MATERNITY AND CHILD WELFARE.

This branch of the work of the Health Committee is reported upon by Dr. E. B. Berenice Humphreys, M. & C.W. Medical Officer, in Appendix IV. The expansion which has taken place in the work on behalf of mothers and children during the last 20 years is quite one of the most remarkable phenomena of modern public health. Other progressive nations have witnessed a similar change. In few directions is the contrast between progressive and backward nations more marked than in the care they bestow upon childhood and motherhood.

BIRTH CONTROL CLINIC.

Dr. Humphreys' report will well repay perusal. I may perhaps specially refer to our birth control clinic which was started on March 26th, 1931. Full details are given by Dr. Humphreys on page 105. Personally, I believe that the clinic is doing most useful and important work and that this is largely due to the skill and sympathetic attention given to every suitable applicant by Dr. Humphreys.

During the year I presented a report to the Committee on the work of the clinic, advocating that the scope of the clinic, hitherto restricted to nursing and expectant mothers (i.e., cases which come under the M. & C.W. Act) should be widened so as to include any married women in whom there were medical grounds rendering further pregnancy undesirable.

I was authorised to interview the Ministry of Health together with the Town Clerk, and although this interview did not come within the year under review, it may be mentioned that no objection was raised by the Ministry, and the Committee have, therefore, authorised that the scope of the clinic should be widened in the manner indicated. The necessary powers for this widened scope are obtained from the Public Health Act, 1875, Sect. 131.

CITY ISOLATION HOSPITAL.

An outstanding event, which occurred towards the end of the year, was the resignation of the Medical Superintendent, Dr. Stanley Banks, in consequence of his appointment to the important position of Medical

Superintendent of the Park Hospital under the London County Council.

Dr. Banks was undoubtedly a man of exceptional ability and he has left his mark on the administration of the institution. The Leicester Isolation Hospital, Groby Road, has always been very popular with the public of Leicester, and it has always ranked high amongst similar institutions in the country, but under Dr. Banks, warmly supported by the Chairman of the Committee, no effort or expense was spared to place it in the very front rank of combined isolation hospitals and sanatoria.

A report of the work of the institution during the year, will be found in Appendix II. This report has been written by Dr. J. C. H. Mackenzie, who has succeeded Dr. Banks, but as he did not come to us as Medical Superintendent until some time after the year under review had closed, the report is necessarily a comparatively short and formal one.

CITY GENERAL HOSPITAL.

This institution, formerly known as the North Evington Poor Law Infirmary, was taken over by the Corporation on April 1st, 1930, being "appropriated" as a public health hospital under the Public Health Acts. It then ceased to be a poor-law institution, although a few poor-law patients are still admitted, sent in by the Public Assistance Officer. The usual method of admission, which is made as easy as possible, is on the recommendation of the patient's medical attendant.

The policy of the Health Committee, under whose control the institution was placed by the City Council, has been to raise its status to that of a first-class general hospital. This was not difficult because as a poor-law institution the North Evington Infirmary undoubtedly ranked very high, whether regarded from the point of view of site, structure, or administration. It is a comparatively modern building, about 30 years old, admirably situated in fine open country just outside the City, and the layout and planning are excellent.

At the outset, it was thought wisest not to make any drastic changes but to build up in minor ways whenever the opportunity occurred of improving the equipment and general arrangements.

It has been felt for some time, however, that the medical staff would need to be increased if it was really to take its place as a first-class general hospital, and this has now been done (May, 1933) by the appointment of two visiting consulting physicians, a visiting consulting radiologist, two visiting anaesthetists, and an additional resident medical officer. A trained laboratory assistant has also been appointed, and an additional shorthand clerk.

Full particulars of the work at the City General Hospital will be found in the report of the Medical Superintendent (Dr. E. C. Hadley) in Appendix III.

PUBLIC ABATTOIR SCHEME.

At the date of writing the Leicester Public Abattoir Scheme is still held up owing to the financial outlook.

This is certainly much to be regretted by all who are in favour of sanitary progress. A public abattoir, built in accordance with modern ideas, has been badly needed in Leicester for very many years. Our existing slaughter-house accommodation is not only obsolete in character, but is totally inadequate for the needs of the City to-day. Private slaughter-houses, situated in the midst of thickly populated areas, are shared between several butchers so that the amount of slaughtering done in a given slaughter-house is far greater than if, as no doubt originally intended, they were only used by one butcher. Complaints as to serious nuisance from these slaughter-houses are received from time to time. This is not necessarily the fault of the tenants of these slaughter-houses, but is incidental to the offensive character of the business of slaughtering.

PERSONAL CLEANLINESS IN PERSONS ENGAGED IN HANDLING FOOD.

Increased attention is rightly being given to the question of the exposure of foodstuffs in general, and meat in particular, to contamination by dust and dirt in the atmosphere.

From the point of view of real damage to health, however, the most serious contamination which food is exposed to is from the hands of those persons whose business it is to handle it in the ordinary way of trade. Many of such persons are not nearly so particular about washing their hands as they should be, though it must be admitted in fairness to them that adequate and convenient facilities for washing are not always provided by those who employ them. With a view to encouraging more attention to cleanliness in this matter, the following letter has been and is being addressed to the proprietors of such trades as butchers and meat salesmen, bakers and confectioners, greengrocers and fruiterers, dairies, sweet shops and, indeed, any trade where human food is handled.

"Dear Sirs,

"The Health Committee are very desirous of encouraging personal cleanliness amongst all those whose occupation involves the handling of food. Especially do they wish to inculcate the need for the *washing of hands after using a W.C.* The importance of this is obvious ; it it not only a matter of elementary hygiene, but the neglect of it may directly lead to the spread of disease.

"With this object in view, we are asking the proprietors of businesses in the various branches of the food trade to allow a printed notice (specimen enclosed) to be affixed to the doors of each W.C. used by their employees.

"If you are willing to help us in this matter, I shall be glad if you will fill up the enclosed card and return it to me.

"It is assumed that suitable facilities, in the form of fixed wash-basins, with water laid on and provided with soap and towels, already exist and are available for the use of your employees. If not, the Health Committee hope that you will see your way to providing them. It is desirable that such facilities should be in convenient proximity to the W.C.

Yours, &c.,
MEDICAL OFFICER OF HEALTH."

Enclosed with the letter was a card 6in. x 4in., inscribed :

AS HANDLERS OF FOOD
YOU SHOULD ALWAYS
WASH YOUR HANDS
AFTER USING A W.C.

City Health Department, Leicester.

Also enclosed with the letter was a printed reply postcard, to be returned to us, stating how many of the cards they could make use of.

The response to this letter has been on the whole satisfactory, and already some 650 of these cards have been issued.

SCHOOL MEDICAL SERVICE.

In Leicester, the School Medical Service, ever since its inception over 25 years ago, has been quite separate from the Health Department. The arrangement has worked very satisfactorily. There has been the closest co-operation between the two departments and no misunderstandings or friction have ever arisen. Probably the fact that there has been only one Medical Officer of Health and one Principal School Medical Officer (Dr. Allan Warner) during the period, and that the two officers were close personal friends before the appointment of School Medical Officer was made (Dr. Warner was formerly Resident Medical Officer at the Isolation Hospital and Assistant Medical Officer of Health) has contributed to this happy result. Under Dr. Warner, supported by a most progressive Committee, the work of the School Medical Service has grown astonishingly—out of all proportion to its modest beginnings a quarter-of-a-century ago.

I have before me Dr. Warner's last Annual Report, for the year 1932. It is full of interest, and bears testimony to the high state of efficiency to which the Leicester School Medical Service has been brought.

Yet Dr. Warner mentions that the charge on the ratepayers for the very comprehensive scheme now in operation for caring for the health of school children only amounts to the equivalent of 1⅜d. out of a total education rate of 3/8⅜.

It may perhaps be mentioned that the close co-operation between the Health Department and School Medical Service is facilitated by the fact that the same individual (Alderman W. E. Hincks, O.B.E.) is Chairman of both the Health Committee and the School Medical Service Sub-Committee.

HEALTH SURVEY BY MINISTRY OF HEALTH.

Reference may be made here to a systematic survey of all the Health Services in Leicester made by a Medical Inspector of the Ministry of Health, part of a national survey now being carried out. Although it was originally intended that the survey in Leicester should be made in the autumn of the year under review, the Inspector's visit was postponed and the survey was not actually made until January of this year. The Inspector (Dr. C. J. Donelan) went very thoroughly through practically the whole of the services controlled by your Committee, with the exception of M. & C.W. work, the latter, however, being surveyed simultaneously by a woman Medical Inspector (Dr. Jane Turnbull). The Ministry's official report on the survey has not yet (at the time of writing) been received, but from what the Inspector said, there is no reason, I think, to anticipate that it will be anything but favourable. Certain suggestions made by the Inspector have already been acted upon.

Popular Health Lectures.

During the autumn your Medical Officer of Health gave two of a series of popular lectures on the Public Services of Leicester, organised by the Vaughan College, these two lectures dealing with the work controlled by the Health Committee.

MILK SUPPLY OF LEICESTER.

For many years now the quality of the milk supplied to Leicester, as regards chemical constituents, has been satisfactory, the proportion of samples showing a deficiency in fat or non-fatty solids being comparatively small. There is no reason to think that much wilful adulteration now takes place. Also, the regulations as regards the use of preservatives are being duly observed.

As regards cleanliness in the methods of production and handling of milk, there has also been great improvement in recent years since increased attention has been given to this important aspect of the milk industry. The grading of milk under the Milk (Special Designations) Order, 1923, although unsatisfactory as regards the terminology employed for the different grades, has certainly done much good by helping to educate dairy farmers and dairymen generally as to the need for much greater care and attention to detail as regards cleanliness than was formerly considered necessary. The taking of samples of ordinary milk for the purpose of bacteriological examination, both by the City and County Authorities, has also helped. I gladly acknowledge the excellent work done by the County Health Department in encouraging the production of clean milk in the County, actively assisted as they have been by the County Director of Agriculture (W. T. Hacking, M.Sc., LL.B.). Naturally, the bulk of our City milk supply comes from the County.

The one respect in which the milk supply of Leicester—in common with the country generally—is still most unsatisfactory is as regards the presence of tuberculosis amongst the herds which supply the milk, and the number of milk samples found to contain tubercle bacilli of the bovine type. This represents a very real and serious danger to milk consumers, especially in the case of young children. The following figures show the number of samples submitted to the inoculation test and found to be positive during each of the past five years :—

	No. of Samples.	Tubercle bacilli found to be present.		% Positive.
1926	48	7		14.6
1927	73	4		5.5
1928	120	6		5.0
1929	120	9		7.5
1930	86	4		4.6
1931	120	13		10.8
1932	122	12		9.8
Total ..	689	55	Average	8.0

Judging from these figures, the position would seem to be getting worse instead of better. It must be understood that the above positive samples were all in ordinary milks and included no certified or Grade A milks.

The Remedy.

The submitting of samples of milk to the inoculation test is valuable as a means of ascertaining what proportion of the milk supply is affected with tubercle bacilli, but as a means of combating the danger it is almost useless. It is true that sometimes—though not always—we succeed in tracking down the affected cow and causing her to be slaughtered, but this always takes time, and in any case the mischief has been done. There is a strongly growing consensus of opinion amongst Medical Officers of Health, and indeed in the medical profession generally, that the only really effective way of safeguarding milk consumers against the danger of bovine tuberculosis in milk is by Pasteurisation, and that it is desirable that this should be made compulsory. Already the bulk of the milk supplied by the larger dairy companies is, as a matter of fact, Pasteurised, though by no means all sell their milk as Pasteurised or comply with all the conditions laid down by the Ministry of Health for such milk. Little difficulty would be experienced by the larger firms in complying with a compulsory order, but the smaller firms, with small resources, might experience some difficulty, especially at first. It has been suggested that as an initial step Local Authorities might be given the power to make Pasteurisation compulsory in their own areas if they so desired, subject, of course, to the approval of the Ministry of Health. This would enable a beginning to be made in the most progressive and best administered areas, and the example would doubtless very soon spread. Personally, I have been quite converted to compulsory Pasteurisation and feel that it is bound to come, and the sooner it does come the better for the health of the community.

PUBLIC INSTITUTIONS OF LEICESTER FOR THE CARE OF THE SICK.

A brief statement is given below of the public institutions for the care of the sick in Leicester.

I. VOLUNTARY.

Leicester Royal Infirmary.

This is a first-class general hospital, with 475 beds (297 surgical), which serves the needs of the City and County and surrounding districts. It is admirably equipped, including an up-to-date radiological department. The institution possesses 386 milligrammes of radium which is not only available, free of charge, for patients in the institution, but can be hired out under certain conditions. Patients are admitted on a subscriber's recommendation.

The Leicester Faire Hospital.

Intended to meet the needs of those who prefer to pay for their accommodation, but are not able to afford the usual fees of private nursing homes. It has 40 beds, and patients pay both for residence and for operations according to an approved scale. The terms are very moderate.

The Regent Road Private Hospital.

This was the gift to the City of the late Mr. T. Fielding Johnson. It is a high-class, completely equipped, private hospital run on a self-supporting basis, doing the work usually done by private-venture nursing homes. It can accommodate 48 patients, including maternity cases. It is controlled by a Committee, on which the medical profession are well represented. The fees (for residence and nursing) are considerably higher than at the Faire Hospital.

Highfield Hospital.

Fourteen beds. This is really a nursing home, managed by a Committee and partly supported by voluntary subscriptions. The fees paid by patients are much the same as those at the Faire Hospital.

The Leicester and Leicestershire Maternity Hospital, Causeway Lane.

This institution receives grants from the City and County Council but is chiefly supported by patients' payments supplemented by a voluntary subscription list. The accommodation is for 22 beds, but it is often over-full and is now being extended. The extensions will add some 15 beds for patients and will greatly improve the administrative side and the accommodation for staff. The institution is intended for women of the working classes.

II. MUNICIPAL.

The Isolation Hospital and Sanatorium, Groby Road.

Provides accommodation for 340 beds, as follows :

Infectious Diseases	142
Tuberculosis	148
Anstey Lane Branch Hospital ..	50
	340

The Anstey Lane Branch Hospital is used for smallpox when that disease is present in the City. At other times, it is used for chronic pulmonary cases in children.

The Groby Road Institution stands in the front rank of similar institutions and is thoroughly up-to-date. It possesses a very completely equipped radiological and ultra-violet light department.

For further particulars see Appendix II.

Convalescent Branch Sanatorium.

In connection with the Groby Road Sanatorium there is a convalescent home or branch sanatorium, "Home Place," Holt, Norfolk, which provides accommodation for 26 patients in delightful surroundings near the sea. This institution was purchased and equipped by a voluntary fund (Health Week Committee Fund), but is maintained by the Corporation as a supplementary institution for the treatment of tuberculosis or suspected tuberculosis.

The City General Hospital, Gwendolen Road.

This institution was formerly the Poor Law Infirmary for Leicester, but in April, 1930, it was taken over by the Corporation and appropriated as a public health hospital. It now takes its place as a first-rate general hospital working in co-operation with and supplementing the work of the Royal Infirmary. There are 506 beds (excluding balcony beds), and all classes of diseases (other than mental cases), both medical and surgical, and at all ages, are admitted. There is a maternity block of eight beds, and recently an excellent orthopaedic department (56 beds) has been created under a special orthopaedic surgeon. Structural alterations are now being carried out to those wards which will be devoted to orthopaedic cases.

Patients are admitted on the recommendation of a medical practitioner and are assessed for payment according to their means.

A visiting consultant staff has recently been appointed and the resident staff strengthened.

For fuller particulars see Appendix III.

The City Maternity Home, Westcotes Drive.

This institution provides accommodation for 26 beds. It is delightfully situated in its own grounds. The fees for ordinary patients are very low and only partly cover the cost. Private patients are admitted at fees calculated to cover the whole cost. Patients from the County are admitted so far as there is room, but at somewhat higher fees than from the City. In connection with the institution an ante-natal clinic is held twice a week.

City Mental Hospital, West Humberstone.

The number of beds is about 1,000, and paying cases are admitted in addition to ordinary cases.

An Out-Patient Clinic for Nervous Ailments is held on Thursday afternoons, when cases referred by their medical attendant are seen and advised.

Institution for Mental Defectives, Leicester Frith.

This institution is situated in park-like surroundings about three miles out of Leicester. It provides excellent accommodation for 277 patients, males and females. It is controlled by the Mental Deficiency Committee of the Corporation.

UNEMPLOYMENT IN LEICESTER.

The close connection with employment and health justifies a reference to that social sore—unemployment. Happily, Leicester is better off in this respect than many other industrial centres ; indeed, Leicester has probably had less unemployment than almost any other large town.

Nevertheless, a large number of both men and women have been, and still are, out of work, and suffering much distress in consequence. To some extent, no doubt, their health has been adversely affected in consequence.

The following figures have been supplied to me by our local Employment Exchange :—

11*th January*, 1932.

Wholly unemployed claimants and non-claimants	8,120
Temporarily stopped claimants	4,303
Total	12,423

27*th June*, 1932.

Wholly unemployed claimants and non-claimants	8,969
Temporarily stopped claimants	6,960
Total	15,929

19*th December*, 1932.

Wholly unemployed claimants and non-claimants	9,584
Temporarily stopped claimants	6,407
Total	15,991

29*th May*, 1933.

Wholly unemployed claimants and non-claimants	8,505
Temporarily stopped claimants	3,415
Total	11,920

The Manager of the Employment Exchange (Mr. G. W. Parkes) writes (June, 1933) :—

"As the figures given above indicate, during the first half of 1932 unemployment increased steadily throughout the period. During the latter part of the year, however, an improvement was recorded until October, but the position declined again until the end of the year, and as will be observed, the employment position at December, 1932, as compared with June, 1932, had slightly deteriorated.

"At the present time, as a result of increased activity in the staple trades, the outlook has considerably improved, and the present unemployment figures are appreciably lower than those for the corresponding period last year."

APPENDIX I.

Report on the Tuberculosis Dispensary for 1932

By WYVILLE S. THOMSON, M.D., D.P.H., Edin.,

Tuberculosis Medical Officer.

Premises.

The Tuberculosis Dispensary, situated at 59, Regent Road, is the centre for dealing with all work in connection with Tuberculosis in the City. The premises to which removal was made from the Health Department, Grey Friars, in February, 1930, are much larger than those formerly occupied. Though not so centrally situated and rather noisy owing to the large amount of traffic now diverted this way, they are proving very satisfactory.

Staff.

There has been no change in the medical staff, the medical work having been carried on by Dr. Thomson with the half-time assistance of Dr. Lawrie. No change during the past twelve months has taken place in the nursing staff, which consists of three fully trained nurses, each being responsible for the visitation over one third of the City.

The clerical work is still in the capable hands of Miss Heaton, who is assisted by Miss Breward.

Notification Register.

Tuberculosis being a notifiable disease, all persons suffering from it must be notified, and their names entered in the register. The Notification Register is kept thoroughly up to date. As soon as a patient dies, the name is removed from the Register. Similarly when a patient recovers, and can no longer be regarded as suffering from tuberculosis, the name is removed. Then, if a patient removes to another area (when the Medical Officer of Health of that area is notified) the name is removed from the Register. The result is that only those living in the City, suffering from tubercular disease, are retained on the Notification Register.

The following are the figures on the Notification Register on December 31st, 1932 :—

PULMONARY.			NON-PULMONARY.			TOTAL CASES
Males	Females	Total	Males	Females	Total	
1,617	1,627	3,244	162	153	315	3,559

In addition to those who died, or removed to other areas, the names of 154 patients who had kept well for at least five years were removed from the Register as having "recovered."

Notifications.

There has been a considerable reduction in the number of persons notified as suffering from tuberculosis during the past year—511 as compared with 572 in 1931. The pulmonary notifications were 442 as compared with 511 in 1931—a reduction of 69. The non-pulmonary were 69 as compared with 61 in 1931—an increase of 8. The total reduction is therefore 61. It will be noticed that the number of notifications is apt to fluctuate considerably from year to year, but that for 1932 is easily the lowest figure ever recorded.

Of the 442 pulmonary notifications, 173 were reported by your Tuberculosis Officer and 14 of the 69 non-pulmonary cases.

Over 80 per cent. of all patients notified had either been examined at the Dispensary and reported on to their doctors, or had had their sputum examined by the Tuberculosis Officer and reported on, before notification.

The following table gives the number of notifications since 1918 :—

1918	..	Pulmonary,	746 ;	Non pulmonary,	82 ;	Total,	828
1919	..	,,	658 ;	,,	47 ;	,,	705
1920	..	,,	572 ;	,,	59 ;	,,	631
1921	..	,,	497 ;	,,	105 ;	,,	602
1922	..	,,	566 ;	,,	43 ;	,,	609
1923	..	,,	692 ;	,,	71 ;	,,	763
1924	..	,,	725 ;	,,	65 ;	,,	790
1925	..	,,	606 ;	,,	77 ;	,,	683
1926	..	,,	650 ;	,,	77 ;	,,	727
1927	..	,,	700 ;	,,	80 ;	,,	780
1928	..	,,	668 ;	,,	117 ;	,,	785
1929	..	,,	657 ;	,,	77 ;	,,	734
1930	..	,,	582 ;	,,	66 ;	,,	648
1931	..	,,	511 ;	,,	61 ;	,,	572
1932	..	,,	442 ;	,,	69 ;	,,	511

The following table gives the sex and age period of those notified during 1932 :—

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up	Total
Pulmonary												
Males ..		—	4	6	30	31	54	45	36	26	4	236
Females ..	1	—	3	11	32	43	51	38	19	7	1	206
Non-pulmonary												
Males ..	1	7	7	7	6	3	6	1	2			40
Females ..	1	5	6	6	2	3	4	2	—		—	29

Deaths.

The deaths for 1932 show a reduction as compared with the previous year.

In 1931, the figures were : Pulmonary 262 and non-pulmonary 49, a total of 311.

In 1932, the figures were : Pulmonary 240 and non-pulmonary 33, a total of 273.

There has, therefore, been a reduction of 22 pulmonary and 16 non-pulmonary deaths, a total reduction of 38.

In only one year (1930) has the total number of deaths been lower, when the figure of 271 (227 pulmonary and 44 non-pulmonary) was recorded.

As compared with that year, the pulmonary deaths have increased by 13, whilst the non-pulmonary have fallen by 11. The total increase on 1930 is therefore 2.

Twenty-three children under 15 years of age are included in the 273 deaths. Of these 5 died from pulmonary and 18 from non-pulmonary tuberculosis. Four more children just over 15 years of age died from pulmonary and 1 from non-pulmonary tuberculosis.

Though there has been a gradual reduction in the deaths of children of school age during recent years, unfortunately there is an increase in young adult tuberculosis, especially in young women.

Adolescent phthisis is generally acute and rapid, and for such cases prolonged sanatorium treatment, together with artificial pneumothorax and regular refills, offers the best prospects of recovery.

In view of the greatly improved housing conditions and higher standard of life of the working classes, we may confidently look for a gradual decline in the deaths from tuberculosis. But in order to accelerate this, greater provision should be made for the institutional treatment of advanced and highly infective cases, who, where they are a source of danger to others, should be retained in institutions until they die.

The number of deaths from tuberculosis in previous years is given in Table 5 (see Appendix VIII.).

An analysis of the **Pulmonary** deaths which occurred during 1932 shows, in the first portion of the following tables those who had had sanatorium treatment, the stage of the disease when first examined and the length of time elapsing between notification and death. In the second portion of the table similar information is given about those who had not had sanatorium treatment. In the third portion details are given of those who were never examined at the dispensary—chiefly patients in other institutions, e.g., Mental Hospital, Royal Infirmary, &c. Included here are also those better class patients who did not desire examination at the dispensary.

ANALYSIS OF DEATHS.

PULMONARY CASES HAVING HAD SANATORIUM TREATMENT.

Stage when first examined	Died within one month of notification	Within two months	Within three montns	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. − ve cases 33	1	4	—	2	2	3	1	—	20
T.B. + ve Stage I. 31 ..	1	—	1	2	3	4	6	6	8
T.B. − ve Stage II. 51 ..	2	—	1	6	10	9	3	9	11
T.B. + ve Stage III. 20 ..	1	1	3	4	5	1	—	2	3
Total 135	5	5	5	14	20	17	10	17	42

PULMONARY CASES NOT HAVING HAD SANATORIUM TREATMENT.

Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. − ve cases. 16	3	–	1	2	3	1	1	–	5
T.B. + ve Stage I 7 ..	—	1	—	1	2	—	1	—	2
T.B. + ve Stage II. 14 ..	—	1	3	1	5	—	—	2	2
T.B. + ve Stage III. 13 ..	6	3	2	2	—	—	—	—	—
Total 50	9	5	6	6	10	1	2	2	9

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE DISPENSARY.

TOTAL	Died within 1 month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
30	18	3	2	3	2	—	—	—	2

These three tables account for 215 deaths. In addition there were 25 deaths of patients who had never been notified as suffering from tuberculosis. This gives the total of 240 pulmonary deaths.

An analysis of the **Non-Pulmonary** deaths shows that a large proportion (19 out of 33) were due to acute forms of tuberculosis, viz., Tuberculosis Meningitis or Miliary Tuberculosis. A considerable proportion of these had been in contact with a notified case of Pulmonary Tuberculosis.

Of the remaining 14 surgical deaths, 5 were due to Tuberculosis of Bones and Joints (3 to Tuberculosis of the Spine, 1 to Tuberculosis of the Hip Joint and 1 to Multiple Tubercular Osteitis), 4 were due to Abdominal Tuberculosis (3 to Peritonitis and 1 to Tubercular Gastro-Enteritis), and 5 were due to Renal Tuberculosis (4 to Tuberculosis of the Kidneys and 1 to Tuberculosis of the Supra-renals).

All of the bone and joint cases had had treatment at Groby Road Sanatorium, the stay in Sanatorium ranging from 8 months to 5 years. Of the abdominal cases only 1 had had Sanatorium treatment (15 weeks) and only 1 of the kidney cases had been treated in Sanatorium (20 weeks).

Dispensary Register.

In the Dispensary Register (not to be confused with the Notification Register) are entered the names of all patients examined at or in connection with the Dispensary. Many of those examined are, of course, found to be non-tubercular. Others have to be examined repeatedly before one can come to a definite decision. As soon as a negative decision is arrived at, the name is crossed off the Register. Similarly (as in the case of the Notification Register) the names of those patients who remove to other areas outside the City boundary are taken off, and an intimation is sent to the Medical Officer of Health of the district to which they remove. Also on the death of a patient the name is removed, so that the Register, which is kept thoroughly up to date, contains the names of all tubercular patients as long as they are under dispensary supervision.

The following tables made out for the Ministry of Health from information contained in this Register for the year 1932, and containing information as to the condition of patients previous to 1926, and for each subsequent year, should prove of considerable interest.

ANALYSIS OF CASES ON DISPENSARY REGISTER.

DIAGNOSIS	Pulmonary				Non-Pulmonary				Total				Gr'd T'ls.
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A New Cases examined during the year :—													
(*a*) Definitely Tuberculous ..	161	132	6	8	9	11	12	13	170	143	18	21	352
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	20	12	13	8	53
(*c*) Non - Tuberculous	—	—	—	—	—	—	—	—	117	118	57	32	324
B Contacts —													
(*a*) Definitely Tuberculous ..	3	3	—	2	—	—	—	—	3	3	—	2	8
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	1	2	3	1	7
(*c*) Non - Tuberculous	—	—	—	—	—	—	—	—	26	43	86	83	238
C Cases written off Dispensary Register :—													
(*a*) Recovered ..	35	43	24	28	7	8	4	5	42	51	28	33	154
(*b*) Non - Tuberculous and diagnosis not confirmed ..	—	—	—	—	—	—	—	—	191	204	162	126	683
D Number of Cases on Dispensary Register on December 31st :													
(*a*) Definitely Tuberculous .	1052	1061	354	290	63	68	60	47	1115	1129	414	337	2995
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	53	43	30	22	148

1.	Number of persons on Dispensary Register on January 1st, 1932	3,404	2.	Number of cases transferred from other areas and "lost sight of" cases returned	82
3.	Number of patients transferred to other areas and cases "lost sight of" ..	309	4.	Number of "T.B. Plus" cases on Dispensary Register on December 31st	831

Supplementary Annual Return showing in summary form (*a*) the condition at the end of 1932 of all patients remaining on the Dispensary Register and (*b*) the reasons for the removal of all cases written off the Register. The table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

	Condition at the time of the last record made during the year to which the return relates.			Previous to 1926.					1926.					1927.					1928.				
					Class T.B. plus.					Class T.B. plus.					Class T.B. plus.					Class T.B. plus.			
				Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. Minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(*a*) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults	M	116	18	8	—	26	30	11	2	—	13	53	11	2	1	11	39	9	8		17
			F	120	23	2	—	25	29	4	4	—	8	39	—	1	—	1	40	15	5	—	20
		Children		188	3	—	—	3	97	1	—	—	1	109	—	6	—	6	85	—	7	—	7
	Disease not arrested.	Adults	M	30	16	8	1	25	8	6	1	2	9	14	7	—	—	7	27	17	—	—	17
			F	44	17	6	—	23	10	8	2	—	10	22	1	6	6	13	22	14	3	2	19
		Children		30	3	1	1	5	11	—	—	—	—	12	—	—	—	—	14	3	—	—	3
	Condition not ascertained during the year			69	18	10	1	29	27	2	1	2	5	32	15	3	2	20	10	11	5	—	16
	Total on Dispensary Register on on Dec. 31st			597	98	35	3	136	212	32	10	4	46	281	34	18	9	61	237	69	28	2	99
(*b*) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults	M	—	—	—	—	119	9	1	1	—	2	3	—	1	—	1	—	—	—	—	—
			F	—	—	—	—	432	7	1	—	—	1	1	—	—	—	—	—	—	—		
		Children		—	—	—	—	737	17	—	1	—	1	20	—	—	—	—	—	—	—	—	—
	Transferred or otherwise removed from Dispensary Register			—	—	—	—	1540	68	6	10	4	20	85	3	1	3	10	68	11	1	1	13
	Dead.	Adults	M	—	—	—	—	1371	23	24	34	31	89	50	17	37	16	70	17	16	26	15	57
			F	—	—	—	—	1044	24	15	23	30	68	32	5	22	25	52	15	12	22	11	45
		Children		—	—	—	—	401	6	—	1	—	1	6	—	—	1	1	4	—	—	1	1
	Total written off Dispensary Register			—	—	—	—	5944	154	47	70	65	182	197	25	64	41	133	104	39	49	28	116
	GRAND TOTALS			—	—	—	—	6080	366	79	80	69	228	478	59	82	53	194	341	108	77	30	215

PULMONARY TUBERCULOSIS—continued from previous page.

Condition at the time of the last record made during the year to which the return relates.				1929.					1930.					1931.					1932.				
				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.			
					Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults	M	12	7	2	—	9	9	1	—	—	1	—	—	—	—	—	—	—	—	—	—
			F	27	5	—	—	5	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children		52	—	—	—	—	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Disease not arrested.	Adults	M	—	35	15	—	50	21	43	13	3	59	24	52	25	2	79	50	35	25	10	70
			F	19	17	12	1	30	30	25	15	1	41	44	34	15	—	49	49	23	23	7	53
		Children		39	3	—	—	3	39	1	—	—	1	26	—	—	—	—	12	—	—	2	2
	Condition not ascertained during the year			47	13	3	—	16	31	10	1	—	11	25	7	3	—	10	—	—	—	—	—
	Total on Dispensary Register on Dec. 31st			196	80	32	1	113	173	80	29	4	113	119	93	43	2	138	111	58	48	19	125
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Transferred or otherwise removed from Dispensary Register			47	22	7	—	29	19	10	8	1	19	15	3	4	—	7	7	6	2	2	10
	Dead.	Adults	M	12	22	39	16	77	21	22	33	15	70	11	14	19	6	39	3	9	13	11	33
			F	11	10	22	12	44	5	6	14	13	33	6	12	21	14	47	4	5	4	7	16
		Children		5	1	1	—	2	1	—	—	—	—	2	1	2	—	3	—	—	—	—	—
	Total written off Dispensary Register			75	55	69	28	152	46	38	55	29	122	34	30	46	20	96	14	20	19	20	59
Grand Totals . .				271	135	101	29	265	219	118	84	33	235	153	123	89	22	234	125	78	67	39	184

NON-PULMONARY TUBERCULOSIS.

Condition at the time of the last record made during the year to which the return relates.				Previous to 1926.					1926.					1927.					1928.				
				Bones and Joints.	Abdominal	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs.	Peripheral Glands.	Total.
(a) Remaining on Dispensary Register on December 31st.	Disease arrested.	Adults	M	—	—	—	1	1	—	—	—	—	—	—	—	—	—		4	1	1	—	6
			F	2	—	1	1	4	1	—	—	—	1	—	—	—	—	—	4	2	—		6
		Children		7	1	—	—	8	6	2	1	1	10	3				3	4	1		1	6
	Disease not arrested.	Adults	M	—	—	1	—	1	—	—	—	—	—	1	—	—		1	—	—	—	—	—
			F	2	—	—	—	2	—	—	2	—	2	1	—	—		1	2	1	1	—	4
		Children		3	—	1	—	4	1	—	1	1	3	3	3	—	6	12	2	2	—	1	5
	Condition not ascertained during the year			5	1	2	2	10	2	1	2	—	5	3	4	—	—	7	3	—	—	3	6
	Total on Dispensary Register on Dec. 31st			19	2	5	4	30	10	3	6	2	21	11	7	—	6	24	19	7	2	5	33
Transferred to Pulmonary . .				—	—	—	—	42	—	—	—	—	—	—	1	—	—	1	1	—	—	1	2
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults	M	—	—	—	—	26	2	—	—	—	2	—	—	—	—	—	1	1	—	—	2
			F	—	—	—	—	47	—	—	—	—	—	1	1	1	—	3	—	2	—	1	3
		Children		—	—	—	—	53	3	—	—	1	4	2	3	4	2	11	1	—	—	4	5
	Transferred or otherwise removed from Register . .			—	—	—	—	80	7	3	1	9	20	4	3	1	2	10	5	3	2	3	13
	Dead.	Adults	M	—	—	—	—	98	4	1	2	—	7	2	2	—	1	5	1	1	1	1	4
			F	—	—	—	—	154	—	—	—	—	—	1	—	1	—	2	2	3	—	1	6
		Children		—	—	—	—	175	—	—	1	—	1	—	—	—	—	—	1	1			2
	Total written off Dispensary Register			—	—	—	—	633	16	4	4	10	34	10	9	7	5	31	11	11	3	10	35
GRAND TOTALS . .				—	—	—	—	663	26	7	10	12	55	21	16	7	11	55	30	18	5	15	68

NON-PULMONARY TUBERCULOSIS—CONTINUED FROM PREVIOUS PAGE.

Condition at the time of the last record made during the year to which the return relates.			1929. Bones and Joints.	1929. Abdominal	1929. Other Organs.	1929. Peripheral Glands.	1929. Total.	1930. Bones and Joints.	1930. Abdominal	1930. Other Organs.	1930. Peripheral Glands.	1930. Total.	1931. Bones and Joints.	1931. Abdominal	1931. Other Organs.	1931. Peripheral Glands.	1931. Total.	1932. Bones and Joints.	1932. Abdominal	1932. Other Organs.	1932. Peripheral Glands.	1932. Total.
(a) Remaining on Dispensary Register on December 31st.	Disease arrested.	Adults M	1	—	—	—	1	3	—	1	1	5	1	1	—	1	3	—	—	—	—	—
		Adults F	—	—	—	—	—	4	1	1	—	6	—	—	—	—	—	—	—	—	—	—
		Children	4	3	—	5	12	4	—	—	4	8	—	1	—	—	1	—	—	—	—	—
	Disease not arrested.	Adults M	1	—	—	—	1	—	—	—	—	—	—	2	2	—	4	9	—	—	—	9
		Adults F	1	—	—	—	1	1	—	—	—	1	4	1	—	—	5	4	3	2	2	11
		Children	5	—	—	—	5	5	—	—	2	7	4	—	—	—	4	10	3	2	8	23
	Condition not ascertained during the year		1	2	—	—	3	1	3	—	2	6	6	3	1	4	14	—	—	—	—	—
	Total on Dispensary Register on December 31st		13	5	—	5	23	18	4	2	9	33	15	8	3	5	31	23	6	4	10	43
Transferred to Pulmonary ..			—	—	1	—	1	2	—	2	—	4	—	—	—	—	—	—	—	—	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults M	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Adults F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Transferred or otherwise removed from Dispensary Register		5	1	2	6	14	—	—	—	1	1	3	2	—	2	7	—	1	—	—	1
	Dead.	Adults M	3	—	1	—	4	—	1	1	1	3	2	1	—	—	3	—	1	—	—	1
		Adults F	—	1	1	—	2	—	3	—	—	3	1	—	—	1	2	—	—	—	—	—
		Children	1	2	—	—	3	2	1	—	1	4	1	2	—	—	3	—	—	—	—	—
	Total written off Dispensary Register		9	4	4	7	24	2	5	1	3	11	7	5	—	3	15	—	2	—	—	2
Grand Totals ..			22	9	4	12	47	20	9	3	12	44	22	13	3	8	46	23	8	4	10	45

Other tables giving information relating to age periods, sex, occupations, &c., will be found on page 156.

Tuberculosis Dispensary as the "Centre for Diagnosis."

The Tuberculosis Dispensary continues to hold its place as the "Centre for Diagnosis," and doctors have no hesitation in sending patients whenever they have any doubt as to the presence or absence of Tuberculosis. Notes from 106 different doctors requesting an opinion on 516 cases were received and dealt with during the past twelve months. In addition, many patients, not under medical attention, called on their own initiative desiring to know whether they had consumption.

An investigation has shown that over 80 per cent. of all notified cases had either been sent to the Dispensary for an opinion or had had their sputum sent for examination, before they were notified.

Contacts to the number of 231—chiefly those with symptoms which might be due to tubercular trouble—have been repeatedly examined. In this way one finds cases in the early stages of the disease.

The Ministry of Pensions regularly send their cases for examination, in many of whom an opinion is desired as to the presence or absence of Tuberculosis, but as might be expected, the number of these examinations has fallen considerably during recent years.

Clinical Examinations.

Altogether 3,837 clinical examinations were made as compared with 3,522 the previous year. Particulars are as follow :—

	Men	Women	Children.	Total.
First examinations ..	320	339	290	949
Re-examinations ..	943	1,095	850	2,888
Totals	1,263	1,434	1,140	3,837

Bacteriological Examinations.

Bacteriological examinations to the number of 1,450 have been made for the tubercle bacillus, as compared with 1,468 in 1931. Of these 479 were examined for doctors in practice in the City, and the remainder were obtained from patients examined at the Tuberculosis Dispensary. Sputum examination, if there be any expectoration, forms part of the complete examination of every patient sent for an opinion, before reporting to a doctor.

The following figures give the results of examinations :—

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :—			
From Practitioners	88	391	479
From Patients examined at the Dispensary	360	601	961
Specimens other than sputum . .	3	7	10
Total . .	451	999	1,450

Radiological Examinations.

All Dispensary patients in whom it is considered advisable to have X ray examination, are sent to the Sanatorium for this. During the past year radiological examinations were made in 588 cases. The value of this means as an aid to diagnosis in doubtful or difficult cases, cannot be over estimated. It is also of great value in showing whether progress is satisfactory or otherwise.

Patients Passed for Sanatorium Treatment.

The "Admissions Committee," consisting of two or more members of the Hospital and Dispensary Committee, attended at the Tuberculosis Dispensary each Monday afternoon, and, in conjunction with the Tuberculosis Officer and Medical Superintendent of the Sanatorium, interviewed and selected from patients examined during the previous week, cases for Sanatorium treatment. During the past year 389 patients were passed for a course of Sanatorium treatment :—369 adults (of whom 7 were surgical), 13 children (surgical cases), and 7 children (pulmonary cases). In 1931 the total was 428, being 382 adults (of whom 9 were surgical), 6 children (surgical cases) and 40 children (pulmonary cases).

Thirteen of the adult pulmonary cases had previously received Sanatorium treatment as children.

Unfortunately, owing to our limited accommodation, many patients who desired admission or re-admission to Sanatorium had to be refused. The waiting list is carefully studied each week before deciding whether a patient can be admitted (or re-admitted) to Sanatorium. Often we have had to keep patients on the waiting list for months, to the serious detriment of their health, before they could be admitted to Sanatorium.

During the past year, instead of putting names on the waiting list, when we have known that a considerable time must elapse before the patient could be admitted to Sanatorium, we have preferred to recommend their admission to the City General Hospital, pointing out that that institution now is under the care of the Health Committee, just as is the Sanatorium.

Patients Passed for Admission to City General Hospital.

In June, 1931, it was decided by the Health Committee that cases of Tuberculosis could only be admitted to the City General Hospital if recommended by the Tuberculosis Officer. Previous to this, a recommendation by the general practitioner was all that was required, and it occasionally happened that patients who had never been notified as suffering from Tuberculosis, and were therefore unknown to this department, were admitted. During the past year the Tuberculosis Officer has recommended 122 tubercular patients for admission to the City General Hospital. This number includes cases of acute illness requiring immediate attention, as well as others who could not be accepted for treatment at Groby Road Sanatorium. It is satisfactory to report that it has always been possible to have patients admitted *immediately* to that institution.

Patients on Dispensary Treatment.

Medical benefit is available for most patients by means of the State Insurance, Public Medical Service, &c., so that only those patients not so provided for are dealt with at the Dispensary. During the year 133 patients received weekly treatment at the Dispensary, and at the end of the year there were 64 patients attending the Dispensary each week. All other patients are advised to attend periodically for advice.

Those children who have had a course of treatment and been discharged from Sanatorium are advised to attend the Dispensary once a week in order that they may be kept under careful supervision. When fit for school an intimation is sent to the school Medical Officer.

Attendances.

The total number of attendances of patients at the Tuberculosis Dispensary during the year was 12,458 (as compared with 12,259 in 1931), a weekly average of nearly 250.

Domiciliary Treatment.

Those insured patients under the State Insurance who, for one reason or another, do not receive Sanatorium treatment, besides others discharged from the Sanatorium, are recommended for "Domiciliary Treatment" under their panel doctors. An intimation to this effect is sent to the doctor, and quarterly reports on the patient's condition are sent by the doctor to the Tuberculosis Officer. During the year 503 patients received Domiciliary Treatment, and at the end of the year 330 insured patients were receiving such treatment. Eight hundred and sixty-seven quarterly reports were sent in regarding patients under Domiciliary Treatment.

Visits.

There are three nurses on the Dispensary staff who spend about one-third of their time indoors and two-thirds outdoors visiting newly-notified cases besides all those patients whose names are on the Dispensary Register. As one nurse is constantly required for the indoor work, only two nurses can be visiting at a time. They give advice, both verbal and printed, to each patient and obtain full particulars as to the home conditions, contacts, &c. Their total visits for the year amounted to 7,994. In order to ensure regular visitation to each patient the card index system was adopted for each nurse.

The number of visits paid by the Medical Officers for the purpose of consultation was 315 as compared with 294 in 1931.

Sleeping Shelters.

Six ex-Sanatorium patients have had the use of sleeping shelters, one for over 5 years, one for over 3 years, three for over 12 months, and one for under 12 months.

Most of the original sleeping shelters, which had been in use for many years and were completely worn out, were replaced by new ones obtained from the Papworth Industries.

Unfortunately those persons most requiring shelters very often have not the necessary ground on which they could be erected.

Additional Nourishment.

The Health Committee grant milk to necessitous cases, under arrangements made by the Ministry of Health. They can do so up to a sum not exceeding £2 per 1,000 of the population per annum, and are thus enabled to carry on the grant formerly made by the Insurance Committee. Now, however, all persons, whether insured or non-insured, e.g., children, can have this benefit.

In April, 1927, the Committee decided to purchase only Grade A (T.T.) milk and this has been obtained ever since for this purpose.

Mr. Councillor C. E. Keene has again dealt with the applications for milk. He attends at the Dispensary every alternate Friday and reviews each case every four weeks. I desire here to record my appreciation for the very thorough way in which he deals with them.

During the past year 141 persons were granted milk (as compared with 144 in 1931) free of charge, at a total cost of £393 4s. 5½d. Last year the total expenditure was £406 18s. 3½d., and for 1930 the figure was £431 8s. 9d.

At the end of the year 69 patients were in receipt of a daily allowance of free Grade A (T.T.) milk.

Nursing of Bedridden and Surgical Cases.

The Health Committee, by an arrangement with the District Nursing Association, provides the services of a nurse to assist bedridden cases of Pulmonary Tuberculosis and those surgical cases in need of dressings, &c. This work is under the general supervision of the Tuberculosis Officer, and each patient having the services of a district nurse is periodically visited by one of the Tuberculosis Health Visitors. During the past year 98 received assistance in this way. Altogether, 4,834 visits were paid at a total cost of £241 14s. The figures in the previous year were 4,887, costing £244 7s.

After-Care.

Many of the previous headings such as visits, use of sleeping shelters, additional nourishment, nursing of bedridden cases, &c., might well have been included under the term "After-Care." A very important branch of the work consists in looking after patients after their discharge from Sanatorium.

We have at the present time 3,143 patients with signs of tubercular disease on our Dispensary Register. Our endeavour is to keep in touch with each of these patients by visitation by the nurses and regular examination at the Dispensary as long as their names remain on the Register.

It is found that the patients very much appreciate these visits, and the knowledge that they are not allowed to drift after leaving Sanatorium stimulates them to help themselves. They seek advice in many different directions, and the nurses have been able to help and encourage them in many different ways.

A difficult problem is finding suitable work for tubercular patients. One cannot blame employers for hesitating to engage them. Many of them are only fit for light work and cannot be depended upon to turn up with the same regularity as healthy individuals. Light outdoor work, such as would be desirable for tubercular persons, is extremely difficult to obtain and is almost always unremunerative ; so for a married man with dependents it is out of the question. Yet we know that in many cases a return to arduous indoor work is simply asking for trouble.

This problem of suitable work, difficult in normal times, is at present very much accentuated when so many able-bodied men are out of work.

The fund, from which we used to purchase for necessitous patients clothing, dentures, &c., is now exhausted. The nurses, however, have been extremely fortunate during the past year in obtaining numerous gifts of clothing, boots, &c., and these they have distributed to those patients whom they considered most in need of them. Our grateful thanks have been expressed to the donors.

We also received from the Rev. P. Lidster (the late Canon Sturdee's successor) a larger number of toys which were distributed during the past Christmas to about 100 of the poorer class children who attended the Dispensary. For seven years in succession, Canon Sturdee kindly collected toys for us for this purpose and we feel extremely grateful to Mr. Lidster for continuing to do so. Needless to say they are very much appreciated by the children.

WYVILLE S. THOMSON.

APPENDIX II

Report on the Isolation Hospital and Sanatorium for the year 1932

By JOHN C. H. MACKENZIE, M.D., D.P.H.

Medical Superintendent.

In submitting this Report for the year 1932 I do so under the disadvantage of having no knowledge of the cases. I took over the office of Medical Superintendent on March 1st, 1933, and the work reported on is that of my predecessor, Dr. H. S. Banks, who was appointed Medical Superintendent of Park Fever Hospital, London. The Report will of necessity be brief, and resolves itself into a consideration of figures for the year.

Table A at the end of Appendix VIII. shows an analysis of the cases of the various diseases admitted to Hospital, the figures being adjusted to allow for altered diagnosis.

SCARLET FEVER.

Number of cases discharged	352
Altered diagnosis	26
Number of verified cases discharged	326
Number of Deaths	2
Case Mortality	0.61 per cent.
Concurrent Double Infection :	
Scarlet Fever and Measles	1
Scarlet Fever and Pneumonia	1
Scarlet Fever and Puerperal Sepsis	1
Scarlet Fever and Mumps	2
Scarlet Fever and Whooping Cough	1
Cross Infection (Measles)	1
Return cases	12
Complications :	
Present on admission	24
Occurring after admission :	
Acute Otitis Media	5
Mastoiditis	1
Kidney—mild	5
Adenitis	2
Secondary Tonsilitis	1
Minor Septic	10
Heart—severe	1
Empyema	1

Treatment :

Number of cases treated with I.V. Antitoxin		244 (74 per cent.)
,, ,, ,, ,, I.M. ,,		12 (3.7 per cent.)
Operations	.. ..	6

It is noted that the majority of cases (74 per cent.) were treated with I.V. serum. The average period of residence in hospital for the cases being 17 days.

DIPHTHERIA.

Number of cases discharged	.. ..	74
Altered diagnosis	.. ..	19
Verified cases discharged	.. ..	55
Number of Deaths	.. ..	6
Death rate per cent. of verified cases	.. .. ..	10.9
Ditto ditto excluding Laryngeal cases	.. ..	7.3

Classification and Summary of Diphtheria Cases—Year 1932.

Classification.*	No. of Cases.	No. of Deaths.	Complications. Post-Diphtheratic Paralysis.						Treatment. Average dose of Anti-toxin.	
			Heart. slight	Heart. severe	Palate.	Ocular.	Limbs.	Anuria.	I.V.	I.M.
Group A (early) ..	1	1	—	1	—	—	—	—	100,000	—
Group A (late) (recovered cases)	3	—	3	—	1	—	1	—	76,000	—
Group A (late) (fatal cases) ..	3	3	—	3	—	—	—	—	100,000	—
Group B (early) ..	4	—	2	—	1	1	—	—	32,000	6,000
Group B (late) ..	2	—	1	—	—	1	—	—	24,000	—
Group C (I) ..	24	—	1	—	—	—	—	—	13,000	—
Group C (II) ..	8	—	1	—	—	—	—	—	6,000	6,000
Septic	4	—	—	1	1	—	—	—	18,000 or	8,000
Laryngeal ..	2	2	—	—	—	—	—	—	4,000	8,000
Nasal	2	—	1	—	—	—	1	—	20,000 or	12,000
Bacteriological ..	2	—	—	—	—	—	—	—	Nil	Nil
Total	55	6	9	5	3	2	2	0	—	—

* Group A—Malignant or severely Toxic Cases.
Group B—Moderately Toxic Cases.
Group C—Slightly or Non-Toxic Cases—I. moderate ; II. mild
Septic—Cases associated with Pyogenic or Putrefactive Organisms and showing œdema and ulceration.
Laryngeal—Cases in which Laryngeal Symptoms predominate.
Nasal—Cases in which Nasal Symptoms predominate.
Bacteriological—Cases in which Swabs are positive, but with no symptoms nor signs of disease.
"Early"—Cases admitted on or before 3rd day of disease.
"Late"—Cases admitted after 3rd day of disease.

Double Infection on admission :

Diphtheria and Measles	1
Cross Infections (with Measles)	2

Operations :

	Cases	Recovered	Died
Tracheotomy	2	—	2
Tonsillectomy (Carriers)	2	2	—
Virulence Tests	2	—	—
Schick Tests :			
Positive	6	—	—
Negative	5	—	—
Number of cases of Active Immunisation	6	—	—

Other Infectious Diseases treated during the year 1932.

Disease.	Recovered	Died	Total
Measles	27	—	27
Measles and Pneumonia	5	1	6
Whooping Cough	9	1	10
Whooping Cough and Pneumonia	12	5	17
Erysipelas	16	1	17
Cerebro-Spinal Fever	3	5	8
Puerperal Fever	13	1	14
Mumps	4	—	4
Pneumonia and Empyema	3	—	3
Pneumococcal Meningitis	—	3	3
Chickenpox	—	2	2
Tetanus	—	1	1
Scabies	4	—	4

Twenty-seven cases of other diseases were treated, 25 of whom recovered.

Seven babies were admitted with mothers for the purpose of maintaining breast feeding.

TUBERCULOSIS.

Table A at the end of this report shows the number of cases admitted to the Sanatorium and Hospital wards, together with their classification on admission and discharge.

Fifty-three cases were admitted to the Sanatorium for "observation," 21 were classified as suffering from Pulmonary Tuberculosis.

Special Treatment for Pulmonary Tuberculosis.

Artificial Pneumothorax :

New cases induced	Unilateral	35
,, ,,	Bilateral	6
	Total	41
Refills (In-patients)		1,018
,, (Out-patients)		341
	Total	1,359
Air replacements		65
Phrenic Avulsions		24
Minor Operations (Sanocrysin Injections and Blood Sedimentation Tests)		347

APPENDIX III.

Report on the City General Hospital, Leicester, for the year 1932

By

ERNEST C. HADLEY, M.D., B.S. (Lond.), F.R.C.S.E., etc.
Medical Superintendent, Surgeon, Lecturer and Internal Examiner to Nurses.

This hospital was opened for the reception of patients on September 28th, 1905.

It was "appropriated" by the Health Committee of the Leicester City Council under the Public Health Acts, 1875 to 1926, as extended by Section 14 (2) of the Local Government Act, 1929, on April 1st, 1930, which was the "appointed day" under the new Act, from which date the hospital was re-named "The City General Hospital."

The mode of admission and conditions of eligibility for treatment were altered as from that date, suitable cases being accepted at the discretion of the Medical Superintendent on the recommendation of the patient's own doctor, a condition of admission being that the patient is usually resident within the City of Leicester ; it should be noted, however, that arrangements have been made with the County Authorities by which cases from the County can be treated provided that the Medical Officer of Health for the County or the Public Assistance Officer of the County authorise and recommend such patients for treatment.

It should be noted also that Saturday Hospital Fund contributors, whether resident in the City or County, are now eligible for admission as patients to this hospital without any financial call being made upon them, as the Saturday Hospital Committee have agreed to assume responsibility, by arrangement with the City General Hospital Committee.

During the year good work has been done in the special Orthopædic and Surgical Tuberculosis Department, which was opened in 1931. This department has already fully justified its existence. Two wards have been set apart, and are being equipped and adapted, for this special branch of Surgery. Mr. Leslie Morris, F.R.C.S., Orthopædic Surgeon, has been placed in charge of this department.

Medical Practitioners of the City have been notified that Acute General Medical, General Surgical, Orthopædic and Surgical Tuberculosis and Maternity Cases are eligible for admission as In-Patients. Phthisical Cases should be referred to the Tuberculosis Medical Officer, and Infectious Cases to the Medical Superintendent, City Isolation Hospital, in the first instance. Full details as to how to deal with special cases will be found on the back of the new Recommendation Forms, which have been issued to all Medical Practitioners in the City.

General Features of the Hospital.

The hospital is situated on a site comprising approximately 108 acres, 29 acres of which have been recently acquired. It is 336 feet above sea level, the highest point on this side of the valley in which Leicester lies ; for example, Leicester Market is 207 feet, Victoria Park 290 feet, and Spinney Hill Park 262 feet respectively above sea level.

The original site of 62 acres cost £6,920, and the buildings £79,575. The hospital consists of four two-storey pavilions, each containing four large wards or units.

The Large Wards, 16 in number, are 88 feet 6 ins. long, 24 feet wide and 12 feet high, having a cubical space of 25,488 feet, and contain 28 beds, giving a cubical space for each patient of 910 feet.

Heating and Ventilation :—These wards are heated by two central open fire stoves and four wall radiators with one central radiator. In two of the wards the central open fire stoves have been replaced during the year by the installation of six additional radiators, which has improved the heating and general appearance of these wards.

Inlets and outlets are provided by means of Tobin tube ventilators and Leggot's hopper fanlight openers, and ventilators behind the radiators, also exit flues, &c.

Sanitary Arrangements :—Each large ward is provided with a sanitary annexe, which can be entered either from the ward or the corridor, and is so arranged that it is entirely cut off from the building by a lobby and closed doors, with ample cross draught for ventilation.

Bath Rooms :—In each corridor, between the large ward and the main corridor, there is a bathroom fitted with two baths.

Lavatory :—In this corridor is also a lavatory, with five basins.

Linen Stores :—There are two Linen Stores to each ward, fitted up with shelves and cupboards.

Side Wards and Balcony Beds :—Each large ward has adjacent to it a Three-bedded Ward, 19ft. 6ins. by 15ft. by 12ft., and a Single-bedded Ward 14ft. by 10ft. 6ins. by 12ft. ; also four balcony beds.

Day Room :—Well lighted, with large bay window, 25ft. by 20ft.

Ward Kitchens :—Adjacent to the large ward is a Ward Kitchen and Pantry which has observation windows so that nurses can have an oversight of their patients when working in this room.

Heating and Lighting :—The whole building is heated on the low pressure steam principle and lighted by electric light provided by the Leicester City Electricity Department ; gas is also laid on to serve as a standby in case of failure of the electric light.

The Laundry :—All the washing required by the hospital is done in the Steam Laundry, which is fitted with soap boilers, washing machines, hydro extractors, callenders, drying horses and washing troughs, &c.

During the year a start has been made to replace existing machinery by that of the latest type.

The Boiler House :—The Boiler House is fitted up with two Lancashire Boilers, each 28ft. by 7ft. 6ins., and adjacent to the Boiler House is an engineers' shop, pump room, switch room, economiser and incinerator, painters' shop and carpenters' shop, also the fire-escape house. Water is heated by means of calorifiers, one for each pavilion, and one for the administrative buildings, which are placed in the main subway.

The Tower :—The Tower which surrounds the main chimney stack is used for the storage of water and other purposes.

The total height of the Tower is 130 feet. The height of the bottom of the tank from the ground is 90 feet. The octagonal tank, made of cast-iron, holds 24,000 gallons.

Water :—Water is obtained from the City of Leicester Corporation, and in addition, soft water from the roof of the building, collected in an underground tank which is capable of holding 50,000 gallons of water, is used for laundry purposes.

MATERNITY HOSPITAL.

The Maternity Hospital is situated on the east side of the Infirmary, at a distance of about 300 yards. It contains two wards of four beds each, a labour room with two beds, a ward kitchen, and bedrooms for a sister and a pupil midwife.

The New Nurses' Dormy House (extension of nurses' quarters) :—This building was erected on an open site to the north-east of the main building and, opened in 1926, it provides an additional 36 separate bedrooms for nurses; also a lounge and quiet room. This building was planned to allow of future extension. The building is of three storeys and is in striking contrast to the rest of the hospital. It is heated by means of hot water radiators.

Subway :—A spacious subway extends from one end of the hospital building to the other, under the main corridor, which is 600 feet long, and branch subways pass under each of the wards, so that easy access can be obtained to all pipes, cables, &c.

The hospital is well equipped with what is necessary for the treatment of disease, e.g., Operating Theatre, X-ray Room, Ultra-Violet Light Department, Sterilizing Room, Clinical Laboratory.

During the year under review a general scheme of structural improvement has been continued.

ORTHOPAEDIC DEPARTMENT.

Report by Mr. Leslie Morris, M.D., F.R.C.S., Orthopædic Surgeon.

In 1931 wards Nos. 1 and 5 were allocated exclusively to orthopædic work and formed the basis of a new department in the Hospital. During the past year, further developments have taken place in the department, and it may be assumed with confidence that the inauguration of the Orthopædic Department has fully justified itself.

Below is an outline of the work performed in the department :—

Number of patients in ward 1st Jan., 1932	44
,, ,, ,, 1st Jan., 1933	44
Number admitted and discharged	85
Average length of stay	117 days
Number of operations with anæsthetic	116
Number of replasters	141

Types of cases treated :—	
Tuberculosis	Spine 17, Hip 16, others 2.
Infantile paralysis	7
Congenital defects	8
Rickets	10
Various	25

Source of cases	City.	County.
Tuberculosis	21	20
Education Committee	12	1
Health Committee	7	4
No authority	20	0

Structural Alterations to the Department.

The most important changes follow as a result of sanction received from the Ministry of Health to alterations called for to convert the present temporary accommodation into a permanent Orthopædic Department—with the outside and open-air accommodation which is imperative.

These alterations will be as follows :—

1. Provision of verandah accommodation on the south-east and south-west aspects of wards Nos. 5 and 9.

The verandah is constructed so as to give permanent open-air accommodation during all the months of the year and it has an extension to be used as a solarium for the cases sleeping in the main part of the ward itself. Although the verandah is intended to remain open permanently, it is constructed so that it can be closed in stormy weather. In addition to the general lighting, a light is provided between each pair of beds and also a radiator.

2. Lavatory accommodation—a second unit constructed at the far end of the ward for the use of patients on the verandah.

3. A night nurses' room and observation post constructed as far as possible so that the nurse on duty can supervise both the patients in the ward and those outside on the verandah.

4. Alterations and additions to the heating, lighting, water supply and floors of the rooms to be used for the massage department, plaster room, and anæsthetic room.

When completed the department will be constituted as follows :—

Wards 5 and 9.

Ward 5, for Men and Boys.

South-east verandah, for boys—long stay.
South-west verandah, for men—long stay.
Main ward, men and boys—shorter cases.
Side wards—1. Massage, electro-therapeutics and artificial light.
2. Post operative recovery room.
3. Dressing room for sisters, masseuses, teacher and anæsthetist.
4. Store room for teacher.
5. Linen room.
Lavatory accommodation at both ends of the ward.
Observation room for night nurse.

Ward 9, for Women and Children.

South-east verandah, for children.
South-west verandah, for women.
Main ward, women and children.
Side wards 1. Plaster room and theatre.
2. Anæsthetic room.
3. Post operative recovery room.
4. Surgeon's dressing room.
5. Linen room.
Lavatory accommodation and observation room as in Ward 5.

Staff.

This consists of :—

The Surgeon in charge of the Orthopædic Department (assisted by the Resident Medical Staff of the Hospital),

Sister in charge of the Department,

Sister to each ward (assisted by the nursing staff of the Hospital),

Masseuse,

Teacher, and

Handicraft Instructor (who works in conjunction with the Sanatorium, Groby Road).

The department when finished will complete the chain of activities of the City Health and Education Departments for the provision of orthopædic treatment and accommodation in answer to the Education Act of 1921, the Maternity and Child Welfare Act of 1918, and the Public Health (Tuberculosis) Act of 1921.

The service has its central Clinic for orthopædic work at Richmond House and to that Clinic cases are referred from :—

1. Maternity and Child Welfare Centres ; i.e., any child below school age.

2. Education Committee ; i.e., all crippled and physically defective school children.

3. Health Committee ; any case suffering from tuberculosis of the bones and joints.

4. Special cases from the Health, Public Assistance and Mental Deficiency Committees.

5. Selected cases from the County Health and Education Committees.

The Clinic serves as the centre for consultation, out-patient treatment, continuous supervision and after-care of all cripples falling into the groups outlined above.

The only remaining group of cripples in the City are the non-tuberculous cases above school age, and their welfare is ensured by the growing co-operation between the public and voluntary institutions in orthopædic work.

The cases seen at the Clinic which require institutional treatment may be dealt with as follows :—

1. Richmond House, for short stay orthopædic cases only.
2. Groby Road Sanatorium; City surgical tuberculosis cases only (accommodation limited).
3. City General Hospital ; either orthopædic or tuberculosis, City or County, especially long stay cases.

As most of the cases referred to the City General Hospital are those termed "long stay," and their average length of stay is nearly six months, it will be realised how urgent was the demand for open-air accommodation, and, furthermore, for the provision of education in the case of children and of handicraft in the case of adults.

With the outline of the orthopaedic service of the City as given above and the part played and about to be played by the new department of the Hospital, it will be realised how effectively the present facilities provide for the welfare of the crippled population of the City ; and, not only for their treatment, but also for their education during treatment, and the general enlightenment of their outlook for the time when they leave Hospital.

THE RESIDENT MEDICAL, NURSING AND DOMESTIC STAFF.

Medical.

Medical Superintendent and General Operating Surgeon ..	1
Resident Medical Officers	2

Nursing.

Matron	1
1st Assistant Matron	1
2nd Assistant Matron and Home Sister	1
3rd Assistant Matron and Sister Tutor	1
Night Superintendent	1
Assistant Night Sister	1
Maternity Sister	1
Massage and X-ray Sister	1
Ward Sisters	14
Theatre Sister	1
Relief Sisters	2
Resident Radiographer	1

All the above nursing staff are fully qualified State registered nurses and all hold the C.M.B. Diploma.

Probationer Nurses	66

Probationer nurses are in training for a period of four years and during that time are expected to pass the State examinations and the C.M.B. Examination.

Head Laundress	1
Lodge Porter and Portress	2
Domestic Staff	15
Total Resident Staff	113

The total number of beds provided at this hospital (excluding 32 balcony beds) is :—

	1931	1932
Sixteen Large Wards (28 beds in each) ..	448	448
Side Wards	50	48
Maternity Block	8	8
Total of Permanent Beds	506	504
Balcony Beds	32	32
	538	536

	1931	1932
The number of Patients remaining on Dec. 31st, 1930, was 409.		
Admitted during year	2,329	2,471
Discharged during year	1,780	1,915
Died during year	552	564
Died within 7 days of admission	—	244
Remaining on Dec. 31st	406	398
Average number of beds occupied has been ..	396.9	390.2
Highest number .. .. (26/1/31)	463	484 (15/4/32)
Lowest number .. .. (30/8/31)	353	323 (29/9/32)
Average stay of patients	52.9 days	49.6 days
Number of Patient days	144,889	142,709
Number of Confinements	127	145
Number of Operations performed	170	136
Number of X-ray Films exposed	607	1,092
Screening only		109
Pathological Investigations	—	1,274
Wassermann Blood Tests	—	454
Male 256 Negative 68 Positive		
Female 102 ,, 28 ,,		
Children admitted under age of 16 ..	—	566
Number of Cases of Infectious Disease Admitted	—	84

Transfers from the Royal Infirmary, Leicester :—

Males	36
Females	32
Total	68

Orthopaedic Cases Discharged or Died :—

Males	45
Females	31
Total	76

MATERNITY DEPARTMENT.

Year.	Normal.	Complicated.	Previous outside Attempts at Delivery.	Total.
1930	111	18	—	129
1931	112	15	1	127
1932	128	17	2	145

VENEREAL CASES.

	Syphilis.		Gonorrhœa.	
	Male.	Female.	Male.	Female.
No. of cases treated	22	42	6	6
No. of patients treated with Novarsenobillon	18	4	—	—
No. of doses of Novarsenobillon given.	115	30	—	—
No. of days in hospital	3,069	2,486	395	269

	Male	Female
No. of Bloods taken for Wasserman Test* . .	324	130
No. of Smears taken for Gonococci	50	58

* These tests are done at the Royal Infirmary.

The following Infectious Diseases Cases were dealt with at this hospital during the year owing to lack of accommodation at the Groby Road Fever Hospital :—

Disease	
Ophthalmia Neonatorum	2
Pemphigus Neonatorum	2
Puerperal Fever	3
Measles	32
Pertussis	35
Epidemic Diarrhœa	3
Specific Parotitis	2
Erysipelas	2
Varicella, Sc. Fever, G. Measles (one each)	3
	84

CLASSIFICATION OF CASES TREATED
during the twelve months Jan. 1st to Dec. 31st, 1932.

MEDICAL CASES.

1. General Infections.

Chorea	8	Rheumatism, Acute . .	22
Influenza	11	Scarlet Fever	1
Measles	32	Vaccinia, generalised . .	1
Parotitis	3	Varicella	1
Pertussis	35		

II. Metabolic Disorders and Endocrinal Diseases.

Cretinism	2	Gout	3
Diabetes, Insipidus	1	Malnutrition	6
,, Mellitus	18	Myxoedema	1
Dentition	1	Prematurity	9
Exophthalmic Goitre	1	Senility	30
Goitre	2	Sub-Thyroidism	1

III. Digestive System.

Abdominal Influenza	1	Liver, Hypertrophic Cirrhosis	1
Colitis	2	,, Acute Hepatitis	5
Diarrhœa	4	Meloena	1
Enteritis	1	Prolapsus Recti	1
Emesis	1	Pyloro-Spasm	1
Gastro-Enteritis	34	Stomach, Atonic Dilation	2
Gastritis	14	Stomatitis, Ulcerative	3
Intestinal Stasis	12	Tabes Mesenterica	2
Liver, Atrophic Cirrhosis	4		

IV. Diseases of the Heart and Circulation.

Aortic Aneurysm	3	Mitral Stenosis	15
Aortitis	6	,, Regurgitation	27
Aortic Disease	11	Mitral and Aortic Disease	9
Arterio-Sclerosis	35	Multiple Valvular Disease	6
Auricular Fibrillation	12	Myocarditis	88
Cardiac Syphilis	1	Pericarditis, Adhesive	4
Coronary Atheroma	2	,, with Effusion	3
Dilation of the Heart	1	,, Malignant	1
Endocarditis Malignant	2	Tachycardia	2
Heart Block	1	Toxic Carditis	3
Hpyerpiesis	5	Tricuspid Disease	1
Hypertrophy of Heart	3		

V. Diseases of the Nervous System.

Anterior Polio-Myelitis	14	Hydrocephalus	2
Amyotrophic Lateral Sclerosis	2	Hysteria	5
Anaesthesia Aphasia	1	Hystero-Epilepsy	2
Cerebellar Abscess	2	Hysteria, Conversion	1
Cerebral Embolism	3	Meningitis, Cerebro-Spinal	1
,, Haemorrhage	18	,, Influenzal	2
,, Softening	8	,, Pneumococcic	2
,, Syphilis	1	,, Serous	1
,, Thrombosis	93	,, Tuberculous	4
Bell's Paralysis	1	Meningismus	1
Cavernous Sinus Thrombosis	1	Meningocele	1
Convulsions	3	Nerve Deafness	1
Congenital Bilateral Athetosis	1	Neurasthenia	29
Deaf and Dumb	1	Oedema of Brain	1
Disseminate Sclerosis	5	Pachymeningitis	1
Encephalitis Lethargica	2	Paralysis Agitans	10
,, Meningo-	1	Paraplegia	3
,, Syphilitic	2	Progressive Muscular Atrophy	1
,, Tuberculous	1	Pseudo Bulbar Paralysis	1
Epilepsy	44	Sciatica	2
,, Status	2	Peripheral Neuritis	2
Ergophobia	1	Spasmodic Torticollis	1
Erythromelalgia	1	Spina Bifida	2
General Paralysis of Insane	4	Spastic Paraplegia	9
Haemorrhage into 4th Ventricle	1	Tabes Dorsalis	7
Huntingdon's Chorea	1	Trigeminal Neuralgia	1

VI. Mental Disorders.

Acute Mania	3	Mental Deterioration	3
Delusional Insanity	2	,, Instability	2
Imbecility	2	Paranoia	1
Insanity	10	Psychasthenia	1
Melancholia	3	Suicidal	4
Mental Deficiency	5		

VII. Affections of Bones, Joints, Fibrous Tissues, etc.

Fibrositis	2	Painful Faescia of Foot	1
Lumbago	9	Pleurodynia	1
Muscular Rheumatism	1	Rheumatoid Arthritis	13
Myalgia	2	Rickets	17

VIII. Respiratory Diseases.

Acute Pulmonary Oedema	1	Pneumonia, Broncho- Ether	1
Asthma	4	,, ,, Hypostatic	7
Bronchiectasis	2	,, ,, Influenzal	3
Bronchitis, Acute	172	,, ,, with Measles	3
,, Capillary	1	Pneumonic Phthisis	2
,, Chronic and Emphysema	27	Pneumonkoniosis	2
Carcinoma of Bronchus	2	Pulmonary Embolism	1
Phthisis Pulmonis	159	,, Fibrosis	3
Pleurisy	10	Pyo-Pneumothorax	2
,, with Effusion	11	Sarcoma of Lung	2
Pneumonia, Lobar	58	Syphilis of Lung	4
,, Broncho-	79		

IX. Kidney Diseases.

Acute Nephritis	5	Interstitial Nephritis	18
Chronic Granular Contracted Kidney	2	Parenchymatous Nephritis	3
Eneuresis	1	Pyelonephritis	3
Glycosuria	1	Renal Rickets	1
		Uraemia	10

X. Intoxications.

Alcoholic Coma	1	Delirium Tremens	3
Alcoholism	3	Opium Habit	1
Aertrycke Food Poisoning	1		

XI. Skin Diseases.

Alopecia Areata	1	Lupus	4
Callosities	1	Pernio Suppurative	1
Dermatitis	8	Phtheiriasis	1
,, Exfoliativa	1	Pityriasis Rubra	2
Eczema	18	,, Rosea	1
Erythema	1	Scabies	12
Furunculosis	5	Sebaceous Cyst	1
Herpes Zoster	1	Seborrhoea	1
Impetigo	3	Sycosis of Beard	1
,, Contagiosum	1	Tinea Tonsurans	3
Intertrigo	1	,, Corporis	1
Ingrowing Toe Nail	1	Urticaria	2

XII. Blood Diseases.

Hyperglycaemia	1	Pernicious Anaemia	4
Lymphatic Leukaemia	1	Secondary Anaemia	6

SURGICAL CASES.

I. Alimentary System.

Appendicitis	15	Hernia, Richter's	1
Carcinoma, Colon	7	,, Inguinal	19
,, Cæcum	1	,, Strangulated	2
,, Liver	2	,, Umbilical	2
,, Pancreas	5	Hydatid of Liver	1
,, Peritoneum	2	Intestinal Obstruction	5
,, Rectum	9	Ischio-rectal Abscess	3
,, Stomach	10	Stenosis of Common Bile Duct	1
Cholecystitis	1	Stricture of Ileum	1
Duodenal Ulcer	2	Suppurative Peritonitis	1
Gall Stones	3	Tuberculous Peritonitis	8
Gastric Ulcer	8	,, Enteritis	1
Hæmorrhoid	10	Volvulous Ileum	1

II. Urino-Genital System.

Carcinoma, Bladder	1	Malignant Hydronephroma	1
,, Kidney	2	Orchitis	1
,, Prostate	2	Phimosis	10
Cystitis	5	Retention of Urine	6
Gonorrhœa	22	Tuberculous Epididymitis	1
Hypertrophy of Prostate	18	Undescended Testicle	1
Hydrocele of Cord	1		

III. Affections of Mouth, Nose, Ear and Throat.

Alveolar Abscess	7	Epithelioma of Tongue	3
Carcinoma, Larynx	1	Extraction of Teeth	14
,, Maxillary Antrum	1	Laryngitis	1
,, Œsophagus	3	Mastoid Abscess	2
Cerumen Ear	11	Nasal Polypi	1
Chronic Pharyngitis	1	Otitis Media	21
Epistaxis	1	Pharyngitis	2
Epithelioma of Cheek	1	Post Auricular Abscess	1
,, Lip	4	Tonsils and Adenoids	3
,, Nose	1	Tonsillitis	11

IV. Affections of the Eyes.

Cataract	1	Iritis	1
Conjunctivitis	10	Ophthalmia Neonatorum	2
Corneal Ulcer	1	Retinitis Hæmorrhagica	1
Dachrocystitis	2	Strabismus	1
Ectropion	2	Refractions	4
Interstitial Keratitis	2		

V. Diseases of Bones and Joints.

Ankylosis of Joints	3	Fracture Dislocation of Ankle	1
Arthritis, Elbow	2	Genu Valgum	1
,, Gonorrhœal	1	Hammer Toes	1
,, Knee	2	Osteomyelitis, Osteitis, Periostitis	12
,, Shoulder	1	Pes Cavus	1
,, Spine	1	,, Planus	4
Charcot's Joint	2	Sarcoma, Femur	2
Congenital Dislocation of Hip	2	,, Frontal Bone	1
Depressed Fracture of Skull	1	Sprains	4
Dislocation of Sterno-Clavicular Joint	2	Synovitis	2
Fractures, Astragalus	1	Talipes	3
,, Clavicle	2	Tuberculous Disease of Hip	4
,, Colles	1	,, ,, of Knee	1
,, Femur	30	,, ,, Lumbar Vert.	1
,, Patella	1	,, ,, Sacro-Iliac Joint	1
,, Ribs	1	,, ,, Spine	19
,, Scapula	1		
,, Tibia and Fibula	7		
,, Pelvis	1		

VI. Respiratory.

Carcinoma of Lung	2
,, Mediastinum	3

Empyema .	7
Sarcoma of Lung	2

VII. Maternity and Gynaecological.

Abortions	22
Abscess Peri-Vaginam ..	1
Acute Follicular Vulvitis ..	1
Ante Partum Hæmorrhage .	1
Carcinoma, Breast	14
,, Cervix Uteri ..	7
,, Corpus Uteri ..	2
,, Ovary	1
,, Vulva	1
Confinements..	145
Cystopherous Mastitis ..	1
Eclampsia	2
Erosion of Cervix	5
Erysipelas of Vulva	1
Gonorrhœal Salingitis ..	3
Hæmatoma of Vulva.. ..	1
Hyperemesis	2
Hydatidiform Mole	2
Menorrhagia .. .	3
Metrorrhagia	3
Obstetrical Paralysis ..	1
Parametritis	1

Phlegmasia Alba Dolens .	3
Pregnancy	12
Post-Operative Gynæcological Adhesions	4
Post Partum Hemiplegia (Embolism)..	2
Procidentia Uteri	3
Prolapsus Recti	1
Pruritus Vulvæ and Intertrigo	2
Puerperium	1
Puerperal Septicæmia ..	3
,, Sapræmia	1
Pyelitis of Pregnancy ..	12
Recto-Vaginal Fistula ..	1
Retroversion and Retroflexion	1
Ruptured Perineum ..	9
Subinvolution	4
Suppurative, Bartholemitis	1
,, Mastitis ..	4
Tuberculous Laryngitis with Pregnancy	1
Uterine Fibroids	1

VIII. Miscellaneous.

Adenitis, Cervical	3
,, Inguinal	2
Abrasions and Contusions ..	21
Abscesses	8
Burns	8
Bursitis	5
Carbuncles	4
Cellulitis	11
Diabetic Gangrene	2
Dog Bite	2
Erysipelas	12
Fish Bone in Throat.. ..	1
Hæmatoma of Scalp ..	1
Lymphangitis	2

N.A.B. Sloughing Sore ..	1
Phlebitis	1
Pituitary Abscess	1
Senile Gangrene	14
Septicæmia	6
Sloughing of both Eyelids ..	1
Suppurating Hallux Valgus	1
Ulcer of Leg	30
Varicose Veins	7
Whitlow	6
Wounds, Lacerated	3
,, Incised	10
,, Septic	30
,, Spiked	1

IX. Tumours.

Carcinoma, Bladder	1
,, Breast	14
,, Brain	1
,, Bronchus .	2
,, Cæcum ..	1
,, Colon	7
,, Liver	2
,, Lungs	1
,, Kidney	2
,, Maxillary Antrum	1
,, Mediastinum ..	3
,, Œsophagus ..	3
,, Ovary	1
,, Pancreas ..	5
,, Peritoneum ..	2

Carcinoma, Prostate	2
,, Rectum ..	9
,, Stomach ..	5
,, Tongue ..	3
,, Uterus, Cervix	7
,, ,, Body ..	2
Epithelioma of Cheek ..	1
,, Lip .. .	4
,, Hand .	1
,, Nose	1
,, Vulva	1
Sarcoma, Femur	1
,, Lung	2
Total ..	85

CAUSES OF DEATHS—January 1st, 1932, to December 31st, 1932.

I. Alimentary System and Nutritional Diseases.

Cretinism	1
Cirrhosis of Liver	3
Diabetes Mellitus	9
Diarrhœa	2
Gallstones	1
Gastro-Enteritis	6
Gummata of Abdomen ..	1
Intestinal Obstruction ..	3
Perforated Duodenal Ulcer	1
Prematurity	10
Pyloro-Spasm	1
Peritonitis, Tuberculous ..	1
Carried forward ..	39
Rickets	1
Senile Gangrene	8
Senility	55
Tabes Mesenterica	1
Typhlitis, Gangrenous ..	1
Tuberculous Enteritis ..	1
Volvulus Ileum	1
	107

II. Respiratory System.

Abscess of Lung	1
Acute Pulmonary Œdema ..	1
Asphyxia Neonatorum ..	1
Bronchitis, Acute	6
,, Chronic and Emphysema	25
Empyema	2
Phthisis	49
Pleurisy	1
Pneumonia, Broncho- ..	32
,, Hypostatic ..	6
,, Influenzal ..	3
Carried forward ..	127
Pneumonia, Lobar	11
,, Broncho (& Measles)	3
,, ,, (& Pertussis)	2
Pneumonic Phthisis	1
Pyopneumothorax	1
Pulmonary Embolism ..	2
Tuberculous Laryngitis with Pregnancy	1
	148

III. Circulatory System.

Aortic Disease	14
Arterio-Sclerosis	11
Auricular Fibrillation ..	4
Congenital Heart	1
Mitral Regurgitation	4
,, Stenosis	7
Myocarditis	44
Pericarditis	3
Carried forward ..	88
Pernicious Anæmia ..	1
Rheumatic Endocarditis ..	3
Syphilitic Arteritis	1
	93

IV. Nervous System.

Amyotrophic Lateral Sclerosis	1
Anorexia Nervosa	1
Cerebellar Abscess	1
,, Hæmorrhage ..	2
Cerebral Arteriopathy ..	1
,, Hæmorrhage ..	13
,, Thrombosis ..	45
,, Syphilis	1
Congenital Hydrocephalus ..	1
Convulsions	1
Delirium Tremens	1
Disseminate Sclerosis ..	1
Encephalitis Tuberculous ..	1
,, Syphilitic ..	2
Carried forward ..	72
Epilepsy	2
,, Status	1
Meningitis Pneumoccocic ..	1
,, Tuberculous ..	4
Paralysis Agitans	2
Progressive Muscular Atrophy	1
Spastic Paraplegia	3
Spina Bifida, Paraplegia ..	2
Tabes Dorsalis	2
	90

V. Bones, Joints, Deformities, etc.

Amyloid Disease	1
Fracture of Femur	12
Multiple Tuberculous Osteitis	1
Osteo-Arthritis	1
Carried forward ..	15
Rheumatoid Arthritis ..	3
	18

VI. Urino-Genital System.

Cystitis	2
Epididymitis, Tuberculous	1
Hypertrophy of Prostate	7
Kidney, Nephritis	6
,, Tuberculous	2
Pyelonephritis	2
Stricture of Urethra	1
Carried forward	21
Tertiary Syphilis	1
Uræmia	8
	30

VII. Miscellaneous.

Cellulitis of Arm	1
Erysipelas of Neck	2
Lupus of Face	1
Post Partum Eclampsia	1
Recto-Vaginal Fistula	1
Septic Phlebitis	1
Carried forward	7
Septicæmia	2
Toxæmia, Dead Fœtus	1
	10

VIII. Malignant Growths.

Carcinoma, Bladder	1
,, Brain	1
,, Breast	11
,, Bronchus	1
,, Cæcum	1
,, Cheek	1
,, Colon	2
,, Frontal Bone	1
,, Gall Bladder	1
,, Hypernephroma	1
,, Larynx	3
,, Lip	3
,, Liver	1
,, Maxillary Antrum	1
,, Mediastinum	3
Carried forward	32
Carcinoma, Nose	1
,, Œsophagus	3
,, Ovary	1
,, Pancreas	1
,, Peritoneum	1
,, Prostate	1
,, Rectum	5
,, Stomach	11
,, Tongue	2
,, Uterus	8
Sarcoma Lung	1
,, Kidney	1
	68

	1931	1932
Total Deaths	352	564
Inquests	11	12
Post-Mortem Examinations	54	74

ERNEST C. HADLEY,
Medical Superintendent.

APPENDIX IV.

Report on Maternity and Child Welfare

for the year, 1932.

By E. B. BERENICE HUMPHREYS, M.B., Ch.B., Edin.,
Maternity and Child Welfare Medical Officer.

The statutory Maternity and Child Welfare Committee (appointed under the provisions of the Maternity and Child Welfare Act, 1918), consists, in Leicester, of the full Health Committee, together with four co-opted members.

Actually, the work is carried out by a Sub-Committee of ten members of the Health Committee, together with the four co-opted members, which meet each month.

Health Visitors.

There are now fourteen District Health Visitors, with Miss Reed as Superintendent Health Visitor, and their names and qualifications are set out on page vi.

Each Health Visitor has a district and is responsible for the home visiting of all known children under five years of age. Certain well-to-do homes are not visited, if the Health Visitor has reason to believe that her services would be superfluous : the actual number of homes not visited is small ; the Health Visitor usually leaves her card indicating how the mother may obtain the help of the Department should she desire it. Apart from this elimination, all homes of infants whose births are notified to the Medical Officer of Health are visited as soon as possible after the tenth day in cases notified by midwives, and after the fourteenth day in cases where a doctor is known to be in charge of the case. Thereafter, the frequency of the visits is determined by the existing and subsequent condition of the child, the mother and the home. Every effort is made to keep all children under five years under supervision until they go to school or attain school age. This ideal is not easy to attain by reason of the amount of attention which it is often necessary to bestow upon the newly-born in each year. But the needs of the ex-babies and "toddlers," are constantly kept in mind by the Health Visitors, though the supervision desired is not an easy matter.

The following is a statistical report on the work done by the Health Visitors during 1932 :—

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old	3,437	(3,605)
Number of revisits to children under one year old	16,250	(15,110)
Number of visits to children one to five years old	11,609	(6,478)
Number of visits to cases of Ophthalmia Neonatorum	101	(70)
Number of first visits to ante-natal cases . .	422	(424)
Number of other visits to ante-natal cases . .	674	(386)
Number of other visits (not classified)	4,596	(4,117)
Totals	38,089	(30,190)
Attendances at Schools for Mothers and Infant Welfare Centres	1,159	(1,051)
Attendances at Ante-natal Clinics	173	(114)

It will be noticed that while the total figures show an increase in the number of visits paid, to the extent of 7,899, this figure is largely accounted for by the greater number of visits to children over one year old. There is also a marked increase in the number of re-visits paid to expectant mothers. Many of these visits were paid at the request of the Maternity and Child Welfare Medical Officer concerning failure on the part of the women to re-attend at the ante-natal clinic, while other visits were necessary to ensure that provision had been made for the forthcoming confinement.

The above figures include visits paid in connection with Infant Life Protection, which will be dealt with under a separate heading.

SCHOOLS FOR MOTHERS AND INFANT WELFARE CENTRES.

There were no new Centres opened during the year. There are sixteen Centres in Leicester (and also the Infants' Milk Depot) at which mothers may attend and bring their children under five years of age, and a complete list of Centres is set out below :—

Name.	President.	Day of Meeting.
Western Road	Mrs. Beale	Monday
Curzon Street	Mrs. Mantle	,,
Clipstone Street	Miss Weston	,,
Aylestone Road	Miss Windley	Tuesday
Bedford Street	Mrs. Millard	,,
18 King Street (Milk Depot)	—	,,
Cavendish Road	Mrs. Johnson	,,
Wesley Hall	Mrs. Taylor	,,
Coleman Road	Mrs. Herbert	Wednesday
Fosse Road	Mrs. Gibbs	,,
Justice Street	Miss Went Mrs. Bouskell	,,
Uppingham Road . .	Mrs. Judge	,,
Belgrave Hall . .	Mrs. Mantle	Thursday
Clarendon Park	Mrs. Roberts	,,
Highcross Street . .	Mrs. Viccars	,,
Saffron Lane	Mrs. Skillington	,,

At Saffron Lane Centre, Miss Fletcher, who had been President since the opening of the Centre, was reluctantly compelled to resign for family reasons, but still displays an interest and renders valuable help to the Centre in other ways. She was succeeded by Mrs. Skillington.

At Clipstone Street Centre, Mrs. Banks resigned her post as President, upon leaving the city early in 1933, and is succeeded by Miss Weston, who was already a voluntary worker at this, and another, Centre.

A session is held each week, and there is a doctor in attendance to give free advice to the mother about her child and herself in relation to the child. When any treatment is considered necessary the mother is advised as to where she should obtain it. All cases see the doctor on their first visit and thereafter as occasion demands. Efforts are made to ensure that all children—the babies, the ex-babies and the toddlers—are brought to the notice of the doctor at regular intervals, so that defects may be prevented or discovered at an early age, and appropriate treatment recommended.

The following medical practitioners conduct the medical consultations at the various Infant Welfare Centres each week:—Dr. F. Armitage, Dr. Gertrude Austin, Dr. Lucy Simpson Davies, Dr. Moffatt Holmes, Dr. Catherine Mitchell, and Dr. P. E. Snoad. Dr. E. Gordon Lawrie, the Assistant Tuberculosis Officer, attends at four Centres, and the Maternity and Child Welfare Medical Officer at one Centre and the Infants' Milk Depot each week for the same purpose.

One or more Health Visitors is attached to each Infant Welfare Centre, and, as far as possible, her district work is in the neighbourhood of the Centre which she attends, so as to ensure continuity of the district and clinical work.

In addition to the medical consultations, much useful work in the teaching of the various branches of mothercraft continues to be carried on at the Centres. It is a great encouragement to both workers and mothers to see displayed, from time to time at various centres, a great variety of useful and suitable children's garments which have been made according to instructions given.

A series of fortnightly "talks" is maintained at all the Centres. These are given by Mrs. Reed, the Superintendent Health Visitor, and by Nurse Prior, who is attached to the Department as a part-time official in this capacity. At Highcross Street Centre, and occasionally at the other Centres, the Health Visitor gives the fortnightly "talk." The syllabus is a comprehensive one to include all aspects of the work of child welfare.

Opportunity is given for questions and answers, and where practicable, mothers are encouraged to write short essays on the subjects dealt with during the "talks." A perusal of some of these written answers serves to indicate that the "talks" are of definite value and is also a guide as to the future presentation of the subject matter.

The following numerical details for 1932 may be of interest, though no statistics can ever truly indicate the amount of clinical and educational work which is accomplished from week to week :—

Number of Sessions held		748
Number of Mothers attending		39,215
Number of Children attending—		
Under one year old	26,175	42,684
Over one year old	16,509	
First visits of Children under one year old		1,913
First visits of Children over one year old		510
Number of Sessions at which a Doctor was present ..		745
Number of Children seen by a Doctor		11,005

There are two Infant Welfare Centres which differ from the others in that the premises are permanently rented by the Corporation, and are open daily. These are the Infants' Milk Depot, 18 King Street, and the Highcross Street Infant Welfare Centre.

1.—**The Infants' Milk Depot,** which was established at premises in Belgrave Gate in 1906, has been accommodated since March, 1931, in more convenient premises at 18 King Street. There are separate rooms on the ground floor for the storage and sale of dried milk, &c. and for the weighing of babies. It is the Central Depot for the sale of dried milk and other infant foods, and for the distribution of these to the various Infant Welfare Centres.

Mrs. Stanion continues as Manageress, and there are two assistants for the routine work in connection with the sale of milk.

The premises are opened throughout the day, and mothers may attend at any time to have their babies weighed and to receive advice from Mrs. Stanion.

The Maternity and Child Welfare Medical Officer conducts a weekly clinic for those children attending the Milk Depot and the rooms on the first floor are also used for three other clinic sessions each week.

The details of the work expressed numerically are as follow :—

	1932	1931
Number of New Cases	409	479
Number of Infant Clinics held	48	47
Attendances at Clinic	941	839
Number of Children weighed (in addition) . .	5,010	4,913

It will be seen that the number of new cases show the decrease which has been noticed in the general figures during the last few years, though the actual fall is less than hitherto. Otherwise, the figures show an increase on those of the previous year, and the attendances at the weekly clinic have improved. Many mothers who have attended regularly to have their babies weighed are slow to realise that a continual gain in weight is not always an indication of satisfactory progress, and it is difficult to convince them of the value of periodic medical supervision. Much time is also taken up with urging a continuance of breast feeding in mothers whose object in attending was primarily to obtain a dried milk. It is of interest that of the 941 children seen at the clinic, 242 were breast-fed, while of the 5,010 children weighed, 1,252 were entirely breast-fed, and 214 partially breast-fed. In addition, 193 test feeds were carried out during the year.

2.—Highcross Street Infant Welfare Centre. These premises comprise a three-storey house of eight rooms, five of which are actually in use each day. Two Health Visitors are attached to the Centre and are responsible for the home visiting to children under five years of age in the surrounding district. One or other of the Health Visitors is in attendance throughout each day to give advice to mothers and to weigh the children. Dried milk is also supplied from the Centre. Test feeds are carried out, for cases belonging to the district, and also for those mothers referred from other Centres or by other Health

Visitors. Medical consultations are held each Thursday afternoon and "talks" are given by the Health Visitor at varying intervals. The window in the front of the premises continues to attract passers-by, as well as the mothers of the Centre, by its changing show of posters, mottoes, and models of babies and "toddlers," suitably clothed.

The details of the work for 1932, expressed numerically, are as follow :—

	1932	1931
Number of New Cases	185	157
Attendances of Children under one year old	2,386	2,396
Attendances of Children one to five years old	708	611
Advice to Mothers	236	258
Attendances for Dried Milk, &c.	1,484	1,742
Number of Test Feeds carried out	136	—
Number of Clinics held	52	49
Number of Mothers attending Clinic . .	1,803	2,020
Number of Medical Consultations at Clinic	768	763

It will be seen that there is an increase in the number of new cases and also in the total number of children brought to the Centre (apart from the clinic). It is gratifying to note that the attendance of children aged one to five years still continues to increase, an indication that the mothers are responding to the teaching of the need to maintain the supervision of the children beyond infancy.

Ante-natal Clinics.

There are three municipal clinics for the expectant mother, viz. : The City of Leicester Maternity Home, Westcotes Drive (Friday morning and afternoon), for those women who have booked their confinement at this Home ; the Infants' Milk Depot (Tuesday morning), and Highcross Street Centre (Wednesday morning). The medical work at these clinics is carried out by the Maternity and Child Welfare Medical Officer.

The women who attend these clinics include those who come independently, or are referred by a doctor, a midwife or a Health Visitor.

Concerning those who come of their own accord, details of their case are sent to the person subsequently engaged to attend the confinement, and doctors and midwives are supplied with a written medical report after the first visit on each case referred by them, and subsequently as required. The number of cases referred by medical practitioners is not large but midwives are gradually coming to realise the value of the clinic for their patients. At the end of the year under review, a scheme was drawn up and is now in operation for the "compensation of midwives." This provides for the payment of a sum, not more than half-a-guinea, in respect of any patient who is sent by the midwife during the ante-natal period, to the clinic or to her own doctor, and, following on medical advice thus obtained, the patient is subsequently confined in a maternity home or an institution. Though the number of cases to be dealt with under this scheme is not expected to be large, it is intended that the possible transfer of a patient will no longer act as a subconscious deterrent to a midwife to seek medical advice during the ante-natal period.

The number of ante-natal clinic sessions held and the attendances during 1932 were as follow :—

	Number of Sessions.	Attendances : New Cases.	Old Cases.
18 King Street Centre ..	48 (38)	158 (141)	229 (365)
Highcross Street Centre ..	49 (51)	159 (158)	232 (305)
Municipal Maternity Home	104 (99)	313 (237)	952 (603)

The corresponding figures for the previous year are shown in brackets.

Maternity and Child Welfare Dental Clinic.

By arrangement with the School Medical Service Department, dental treatment is available for expectant and nursing mothers, and for children under five years of age who are recommended by the doctors at the Infant Welfare Centres and ante-natal clinics. One of the Dental Surgeons sets aside one afternoon each week for the treatment of such cases at the School Clinic.

Details of the work done during the year are set out below :—

The corresponding figures for the previous year are shown in brackets.

Number of New Cases	125	(125)
Number of Attendances	363	(367)
Number of Cases completed treatment	—	—
Extractions—Permanent Teeth	277	(310)
Temporary Teeth	120	(78)
Anæsthetics—Local	124	(138)
Gas	10	(10)
Fillings	21	(25)
Scalings	9	(7)
Dentures	21	(22)
Prosthetic Dressings	100	(100)
Dressings	14	(14)
Consultations	76	(64)
Repairs	1	(4)
Silver Nitrate Treatment .. .	9	—
Number of Clinic Sessions held	44	(43)
Number of Cases under Treatment on 31st December, 1932	21	(44)

It will be seen that the amount of work done at this clinic continues to be maintained, and the existence of the clinic is of definite help in persuading reluctant mothers to obtain dental treatment for themselves and for their children before they reach school age.

Municipal Maternity Home.

The Municipal Maternity Home, situated in Westcotes Drive, was opened in August, 1920. It provides accommodation for 26 beds, together with one isolation bed.

The number of confinements in the Home each year has been as follows :—

1920 (five months only)	139	1926	455
1921	339	1927	445
1922	345	1928	515
1923	394	1929	504
1924	444	1930	475
1925	438	1931	349
		1932	385

During the year, a decision made in 1930 to exclude cases residing outside the City boundary, was reversed, and such patients are now eligible for admission, at an increased fee.

The increase in the number of patients admitted, as compared with the previous year, though not large, is definitely encouraging, and it is hoped that it is a real indication that the accommodation will be in greater demand than hitherto.

The ante-natal clinic for women who have booked to have their confinement at the Maternity Home is held on the premises for two sessions each Friday, and an examination of the attendance records show that the majority of the women attend regularly as required throughout their entire pregnancy. It is exceptional to have to follow up absentees from the ante-natal clinic.

A tabular statement of the work done at the Home is given in Table 17, and a financial statement in Table 20.

Training of Midwives.—The Municipal Maternity Home is an approved training school for pupil midwives, and during the year 11 general trained nurses and one untrained person were accepted for training. Six pupils were in training at the beginning of 1932, and six pupils were still in training at the end of the year. The nine pupils who sat the examination were successful in obtaining the Certificate of the Central Midwives Board.

Midwifery Lectures for Pupil Midwives.—The arrangement continues whereby a combined lecture course for pupil midwives from the three recognised training schools in Leicester is held, half at the Municipal Maternity Home and half at the Leicester and Leicestershire Maternity Hospital. Income is derived from the fees of the pupils attending the course and out of the funds so obtained all expenses, including lecturers' fees, have to be paid.

One lecture at the close of each course, dealing with the relationship of the midwife to the Local Supervising Authority, is given by the Medical Officer of Health.

Staff.—Dr. T. W. Allen continues as the Medical Officer on call for the Municipal Maternity Home, and Miss E. Bradshaw as Matron.

Day Nursery.

The Corporation took over the work of the Leicester Day Nursery Society in July, 1920, and since February, 1923, the work has been carried on at the premises in St. Martin's Lane (formerly St. Martin's Vicarage).

The function of the Day Nursery is to provide for children under five years old whose mothers are obliged to go to work. The reasonable charge, the skilled and constant supervision, the healthy and happy environment, and the suitable diet provided, all combine to make the Day Nursery a valuable asset to the working mother. In addition, there are facilities for these working mothers who wish to continue to breast-feed their children. Such mothers return to the Nursery for this purpose during their dinner hour and are also provided with a nutritious mid-day meal for a very modest sum.

The Maternity and Child Welfare Medical Officer visits the Day Nursery at frequent intervals and it is usual, except in bad weather, to find the children out-of-doors, in play pens, on the sand pit or in cots, according to their age and condition.

Attendances.—The Day Nursery was open during the year for 250 full days and 51 half days (Saturdays). The total full attendances were 10,749, and the half-day attendances 2,448, as compared with 8,726 and 1,828 respectively for the previous year.

Teaching of Mothercraft.—The arrangement with the Education Committee for the teaching of mothercraft at the Day Nursery to school girls, continues, and its practical value to the pupils concerned cannot be over-estimated. The girls attend in groups of not more than eight, one group attending in the morning and one in the afternoon, each group attending for a period of four weeks. The total attendances made by 155 school girls were 2,590 (a daily average of 12), drawn from the following schools:—King Richard's Road, Holy Trinity, St. Mary's, Chester Street, Mantle Road and Willow Street.

Staff.—Miss Alice M. Mason continues as Matron of the Day Nursery and is assisted by a staff of two sisters and probationer nurses as required.

Midwives.

A list of midwives who, during 1932, notified their intention to practise within the City of Leicester, is appended (Table 16). Their inspection is carried out by periodic visits to their homes by the Maternity and Child Welfare Medical Officer, who is the Inspector of Midwives. In addition, special visits are paid, as required, and midwives report in person concerning any emergencies which may arise in their practice. The Health Department provides for adequate and prompt disinfection for midwives who have become liable to be a source of infection. The amount of work done by each midwife varies, and it is evident that the City is adequately supplied with midwives, as many of them would welcome more cases. It does not appear that any one midwife undertakes, during a year, more work than she can be expected to accomplish thoroughly. The standard of work varies, of necessity, with the individual midwife, and especially with regard to the amount and nature of ante-natal supervision. During the year the Central Midwives Board revised the type of ante-natal record which they require the midwives to keep. This has served to focus the attention of the midwives on the importance of regular and adequate supervision of their patients during the period preceding the confinement. Many of the practising midwives were trained prior to the introduction of ante-natal supervision, and they are encouraged to attend the ante-natal clinics, with their patients, so as to become familiar with the routine of this work which it is within their power to carry out. The scheme for compensation to midwives for loss of a case, under certain circumstances, has already been referred to and should help to stimulate their interest in ante-natal supervision.

Registered Nursing and Maternity Homes.

A list of registered Nursing and Maternity Homes within the City at the end of 1932, with details as to registered accommodation, is set out in Table 29.

There were two new applications made during the year. One was for the registration of two maternity beds and was granted ; the other application was refused by the Maternity and Child Welfare Sub-Committee as the premises were not considered suitable.

The registration of two Homes was cancelled, owing to the Matron leaving the City in one instance, and because of the persistent ill-health of the Matron of the other Home.

The registration of one Home was transferred to a nurse who had been acting as the Matron of the Home for some time.

All registered Homes were inspected periodically, during the year, by the Maternity and Child Welfare Medical Officer. The accommodation and facilities vary considerably in the different registered Homes, but every effort is made to secure the best conditions possible for the patients, and an adequate and efficient nursing staff.

Assistance in Necessitous Cases.

A special Sub-Committee, of which Mrs. Cooper continues as Chairman, meets each fortnight to consider applications for help in necessitous cases of mothers or children under five years of age. Every application has to be made in writing on a form which has been specially drawn up and requires a full statement of all sources of income, together with particulars as to rent, number of dependent children, &c. This statement is frequently checked by application to the employer and the Health Visitor appends a report on the case. Further, a medical certificate is required concerning the condition of the person for whom help is sought. This is usually supplied at the Infant Welfare Centre or ante-natal clinic, but a certificate from a private practitioner is accepted in cases which cannot attend a centre.

The following figures show the amount and variety of assistance given during the year :—

		(1931)
Number of New Cases granted Milk ..	308	381
Number of Old Cases granted Milk	704	1,019
Number of gallons of Milk granted free ..	3,710	5,507
Number of Cases granted Dried Milk free ..	49	94
Number of Cases admitted to the Day Nursery at reduced rate	56	55
Number of Cases admitted to the Day Nursery free	—	4
Number of Cases admitted to the Maternity Home at reduced rate	6	4
Number of Cases admitted to the Maternity Home free	3	—
Number of Cases in which Doctor's fees were remitted	22	28
Number of Cases in which total fees for Midwives were allowed	8	9
Number of Cases in which part fees for Midwives were allowed	5	6
Number of Cases in which Dental fees were remitted	—	2
Number of Cases in which no action was taken	52	82

Local Government Act, 1929.

The two sections of this Act which concerned the Maternity and Child Welfare Department were the care of the destitute children under five years of age, and the supervision of children under seven years old who were nursed for gain.

Up to the present, the Maternity and Child Welfare Sub-Committee has not taken over the care of the destitute children under five years of age.

As regards the working of the Infant Life Protection section of the Children Act, each Health Visitor is the authorised inspector of young persons who are taken for gain. During 1932, the existing law was amended and the main alterations in the new Act which is now operating are : That the provisions of the Act apply to all children, up to the age of nine years, who are taken for gain ; that the notice to the local authority shall be sent before (and not after) the reception of the child, and before the transfer of the child, where possible. The type of premises and nurse-woman considered unsuitable are also more defined, giving a wider basis on which to formulate refusals in certain cases.

These alterations should ensure that children are not placed in unsuitable premises, with unsuitable persons, and that they are not lost sight of when moved about from house to house.

There was some ambiguity in the 1932 Act as to the period for which a child could be taken for gain, before registration was necessary. (The former Act definitely stated a period of 48 hours) For the first quarter of 1933, all children under nine years taken for gain, even for a few hours daily, were treated as coming under the provision of the Act. But the amount of work and visiting which this involved for the Health Visitors, and the fact that such daily arrangements were often temporary and very variable, and also that in a city such as Leicester where such a large number of mothers go to work, that one could never hope for the notification of all children nursed out by the day only, all these factors indicated that to include these daily nurse children was not practicable. Therefore, since 1st April of 1933, notification is required concerning any child taken for gain, who sleeps on premises apart from its parents or guardians.

Special record cards are in use for the purpose of recording particulars as to the type of nurse-woman, premises, other occupants of the house, and the provision made for and the condition of the nurse-child. A separate cot is insisted on for all infants, and the use of a fire-guard is stressed by the Health Visitor. The preliminary visit is paid as soon as the Health Visitor is aware that it is intended to receive a child, or that a child has been received. In any grossly unsuitable cases, the Health Visitor is usually able to arrange for other arrangements to be made for the child, otherwise her unsatisfactory report is communicated to the monthly meeting of the M. & C.W. Sub-Committee. Actually, therefore, the number of cases in which registration is refused, is small. In all approved cases, the Health Visitor pays monthly re-visits, to ensure that a satisfactory standard is maintained for these children.

During 1932 notices of reception were received concerning 56 children and 515 visits were paid to children in the care of persons who receive them for reward. Registration was refused in four cases, but no legal proceedings were necessary to obtain suitable accommodation for the children in question. At the end of the year, there were 58 persons and 62 children on the Infant Life Protection Register.

Treatment of Children under Five Years of Age at the School Clinics.

The arrangement continues between the Education and Health Committees for the treatment of children under five years old at the Orthopædic and Light Department provided at Richmond House in connection with the School Medical Service. The scheme has now been extended to include Skin Diseases, Eye Diseases and Defects of Vision, and disorders of Ear, Nose and Throat. The children are recommended for treatment on special forms by the doctors attached to the various Infant Welfare Centres.

The following particulars of Ultra-Violet Ray Therapy are taken from the report of the School Medical Officer :—

Artificial Sunlight Clinic.

The total number of children under five years of age treated in 1932 was 236, and of these 187 were new admissions during the year. The number of children who finished their course was 99. Appended are details :

Rickets 67, and of these 56 showed good or very good results. Cases of long standing gave only a moderate reaction, even after prolonged treatment.

Malnutrition 12 ; Excellent results were obtained in 11 infants. One child succumbed to an intercurrent disease.

Debility 12 : Nearly all showed improvement.

Various 8 : Three cases of Anæmia did very well, the remainder showed varying amounts of improvement before being discharged.

Abandoned Treatment.

There were 38 cases in this group. After receiving only a few weeks' treatment, they failed to attend, and another 15 cases, after being medically examined, did not return.

Orthopaedic Clinic.

There were 81 children admitted to the Clinic. Of these, many were referred for diagnosis of some deformity, while others were sent for treatment either at the Clinic or in the City General Hospital.

In addition, 26 children were referred to the Ophthalmic Surgeon, mostly for mild degrees of squint.

There were also 14 children admitted to the "Skins" Clinic for treatment of minor skin diseases, and 76 children were admitted to the Ear, Nose and Throat Clinic.

Puerperal Pyrexia and Puerperal Fever.

During the year 61 notifications were received: 48 cases of Puerperal Pyrexia and 13 cases of Puerperal Fever. These included seven cases of Pyrexia in women whose homes were outside the City, and as their cases could not be followed up, they are not included in the following tables which set out various data of interest concerning these cases :—

	Puerperal Pyrexia.	Puerperal Fever.
Notifications	41	13
Confined at home	14	11
Confined in a Maternity Home	27	2
Treated at home	5	2
Treated at a Maternity Home	23	—
Transferred to Hospital :—		
City Isolation Hospital	5	9
City General Hospital	1	1
Royal Infirmary	7	1
	41	13

Result of Treatment :	Puerperal Pyrexia.		Puerperal Fever.	
	Recovered	Died.	Recovered.	Died.
At home	5	—	2	—
In a Maternity Home ..	23	—	—	—
In City Isolation Hospital	4	1	9	—
In City General Hospital ..	1	—	1	—
In Royal Infirmary	5	2	1	—

The attributable causes in the 41 cases of Puerperal Pyrexia were : Abortion 2, unattended births 2, ante-natal complications 3, difficult labour 2, complications of labour 7, breast abscess 6, lactation 1, phlebitis 1, influneza 2, pyelitis 1, mumps 1, tuberculosis 1, cause not defined 12.

The attributable causes in the 13 cases of Puerperal Fever were : Difficult labour 4, adherent placenta 1, lacerations at birth 3, salpingitis 1, breast inflammation 1. In three cases, following normal confinements, the cause of Puerperal Fever was not ascertained.

Under the Notification of Puerperal Pyrexia and Puerperal Fever Regulations, a medical practitioner may seek the co-operation of the Public Health Authorities in four ways, viz., a bacteriological examination, a second medical opinion, a trained nurse, and hospital treatment.

The above table shows that 16 cases were transferred to municipal hospitals.

Obstetrical Consultants.

Concerning a second opinion, Memo. 156/m.c.w. of the Ministry of Health the services of a consultant, from a panel approved by the Local Authority are now available in all cases of difficulty arising ante-natally, or during the confinement or lying-in period.

Actually during 1932, a consultant was called in for ten cases ; these were in connection with difficult labour in four cases, and Puerperal Pyrexia or Fever in six cases.

Maternal Mortality.

During the year there were 20 maternal deaths registered, including deaths associated with but not strictly due to childbirth. Of these, four were due to Puerperal Sepsis, and 16 were due to "other accidents and diseases of pregnancy and parturition." As the gross number of live births registered was 3,846 (corrected number was 3,583, but for this purpose, the gross number is the figure to be taken), this gives a maternal mortality rate of 5.19 per 1,000 live births as compared with 3.79 in 1931, and a Puerperal Sepsis rate of 1.04 as compared with 1.26 in 1931.

The figures for England and Wales for 1932, are a maternal mortality rate of 4.24 and a Puerperal Sepsis rate of 1.61 per 1,000 live births.

Through the cordial co-operation of the various members of the medical profession concerned, it has been possible to obtain the fullest details concerning the pregnancy and the confinement in these cases. (Confidential reports on a prescribed form are forwarded, during the year, to the Ministry of Health for the use of the Maternal Mortality Committee of Investigation).

In 15 women the initial illness occurred at home, two women were in a maternity home, and three were in a general hospital. Of the 15 women who were taken ill at home, 12 were removed to an institution. The remaining three women died at home, in two cases the death was sudden and unexpected, and in the third case it was not considered advisable to move the patient. Of the other 17 deaths, they took place in a maternity home (2), general hospital (13), private hospital (1), isolation hospital (1).

Concerning four cases of Puerperal Sepsis, one occurred in a woman who had a normal delivery, the second case was in a woman who had had no internal examination, in the third case Sepsis followed a difficult delivery where no complication was anticipated, and the fourth case was abortion. This occurred in a woman who had had five pregnancies. The cause of the abortion was probably some pre-existing condition of the uterus and the septic nature of it proved fatal. There was nothing to suggest any improper interference with the pregnancy.

One case of Placenta Prœvia occurred at home. There was some delay on the part of the patient in sending for the midwife, who summoned medical aid on arrival and the patient was promptly removed to hospital where she died on the same day.

One case of Post-partum Hæmorrhage occurred in a maternity hospital, following a complicated delivery.

In two cases of Eclampsia, one woman was sent into hospital to be confined, owing to an intercurrent disease, and the eclamptic seizures were quite unexpected, following an easy confinement. The other case was of a woman who had some pre-eclamptic symptoms but did not call in her doctor for 48 hours, and even then refused to be removed to hospital for two days. She had a spontaneous delivery soon after admission to hospital, but never regained consciousness.

One case of Post-partum shock occurred in a woman who had had an easy confinement. The placenta required manual removal and the patient showed signs of shock from which she did not recover.

One case of Rupture of the Uterus occurred in a woman who had had 12 pregnancies. There was no delay in obtaining a doctor or in removal to hospital, death taking place within two hours of the onset of symptoms. There had been a concealed hæmorrhage and the pressure had caused a rupture of the uterus.

One case of Toxæmia occurred early in pregnancy and the patient was removed to hospital where she died following an abortion.

In three cases of Pulmonary Embolism, one was in a woman who was attended by a midwife and the death occurred unexpectedly on the twelfth day ; the second case was in a woman who had a normal confinement in a maternity home and was under medical supervision. The death occurred suddenly after the woman had returned home. The third case was in a woman who was attended by a midwife at home. There is evidence that she was out of bed for some time on the fourth day and was later found unconscious. She was removed to hospital where she died within 14 days of cerebral and pulmonary embolism.

A case of death under anæsthesia occurred in a hospital to which the patient had been sent for serious uterine bleeding which necessitated surgical treatment. There was no contra-indication to an anæsthetic and the patient had been operated on previously at the same hospital.

The remaining five deaths were in women who were suffering from an intercurrent disease associated with preganey and the additional strain of child-bearing proved too much for an already diseased constitution.

It will thus be seen that of the 15 maternal deaths proper, the intelligent co-operation of the patient in two cases would have resulted in medical treatment being more promptly administered. Otherwise, there was no difficulty in obtaining prompt and skilled treatment for those women, many of whom were actually under constant medical supervision, so that their deaths must be regarded as largely unpreventable, in the present state of our knowledge.

Birth Control Clinic.

The establishment of a Municipal Birth Control Clinic was sanctioned by the City Council in 1930 and the first session was held on 26th March, 1931. During the year under review, advice was restricted to those married women attending Maternity and Child Welfare Centres, who needed it on medical grounds. At the time of writing (May, 1933) it has just been decided by the Health Committee to widen the scope of the Clinic to include all married women needing advice on medical grounds.

Arrangements have also been made with the Leicestershire County Council for the Clinic to be available for women residing in the county.

A weekly session is held and each patient accepted for advice is medically examined by the M. & C.W. Medical Officer, who is in charge. Patients return to the Clinic, as required, and all women who have been advised are followed up from time to time.

The following particulars refer to the first complete year's working, ending 31st December, 1932 :—

			Nine months ending Dec., 1931.	
Total number of Patients who sought advice		79		60
Number of Patients accepted for advice	59		42	
Number of Patients who were refused advice	20		18	
	—	79	—	60

Concerning the 59 women who were accepted for advice, the following are particulars of the medical reason for the advice :—

		1932	1931 (9 months)
Husband :	Active Tuberculosis	3	6
	Mental Disease (at home) . .	2	2
Children :	Tuberculous	—	2
	Mentally Defective	1	—
Patient :	Active Pulmonary Tuberculosis	13	10
	Other Tuberculous Disease . .	1	3
	Gynæcological condition following childbirth	1	4
	Complications of Pregnancy and Childbirth	18	7
	Chronic Nephritis	4	4
	Heart Disease	3	–
	Various other conditions . .	13	4
		59	42

Further, some particulars as to age and number of pregnancies in these women may be of interest and are set out in the following table :—

Number of Pregnancies.	Under 25 years.	25 to 35 years.	35 to 45 years.	Totals.
1	1	3	1	5
2	1	5	–	6
3	1	5	1	7
4	1	7	1	9
5	–	5	4	9
6	–	6	3	9
7	–	3	1	4
8	-	2	–	2
9	–	2	2	4
10	–	1	3	4
Totals	4	39	16	59

It will be seen that advice was given only to five women who had had but one pregnancy, in each case a living child, and the reason for the advice was the serious risk to the mother of a further pregnancy.

Generally speaking, advice was given to mothers of comparatively large families.

Cases in which Advice was Refused.

Naturally, the greater importance is attached to those women who are accepted for advice, but particulars of the women who were refused advice are not without interest. The following table sets out the number of pregnancies and the age group of these cases :—

Number of Pregnancies.	Under 25 years.	25 to 35 years.	35 to 45 years.	Totals.
1	–	1		1
2	2	3	1	6
3	–	1	1	2
5	–	2	1	3
6	–	1	1	2
7	–	1	2	3
8	–	–	1	1
9	–	–	1	1
11	–	–	1	1
Totals	2	9	9	20

The reasons for refusal were :

(1) Living in the County	3
(2) Living in a Corporation house outside the City boundary	4
(3) Not attending M. & C.W. Centre	1
(4) Found to be pregnant	3
(5) No medical grounds for advice	9
	20

Of the three county cases, only one was suitable on medical grounds. Under (2) all four cases were in need of advice on medical grounds. Under (3) the woman was in urgent need of advice on contraception. Under (4) the three women would have been advised if they had not been pregnant and will be followed up. Under (5) the chief reason for seeking advice was the already large number and the rapidity of the pregnancies.

Follow-up Work.—From the inception of the Clinic in 1930, it was decided that some system of following up these cases who were accepted for advice was desirable, in fact necessary, and various methods have been employed to obtain up-to-date information concerning these women. With few exceptions, this has been possible and a periodic survey of the records is made and enquiries instigated concerning patients who have not re-attended for some months. For the purpose of this report, the present condition of those 42 women who were advised up to the end of 1931 has been tabulated, as the inclusion of the more recent cases is somewhat confusing and is not of great value, although the information is being collected.

Number of women who are carrying out the instructions given and have not become pregnant	23
Number of women who are *not* carrying out the instructions given and have not become pregnant	4
Number of women who are *not* carrying out the instructions given and have become pregnant	1
Number of women who refused to accept advice and became pregnant	2
Number of women who refused to accept advice and are *not* pregnant	2
Number of women concerning whom definite information is not available	4
Number of women not traced since advice was given	1
Number of women left the City	1
Number of women accepted for advice and then found to be pregnant	1
Number of women for whom advice is no longer necessary (husband dead or not living with patient)	3
	42

The above figures speak for themselves, and it is rather premature to draw any definite conclusions. But some impressions made during the working of the Clinic may not be out of place here. In the grouping of the above cases, the use of the word "success" has been purposely omitted, as it would hardly be a fair assessment of the method taught to assume that the absence of a pregnancy is due entirely to the advice given. That this is not so, is indicated by the fact that pregnancy has not yet occurred in six women, although the method has been abandoned or has never been used. It is evident that there will always be a small proportion of women who will not take any trouble to carry out instructions, although it is in their interests to do so. But it must be admitted that to some women, the instructions given are not easy to follow, due to personal inability, or to lack of facilities at home. Further, it is known from the records of birth control clinics which have been in existence for some years, that there is no one method of contraception which is absolutely safe. This is a matter of real concern, especially in view of the fact that there are women attending the Clinic for whom a pregnancy constitutes a real danger.

It is satisfactory that investigations are steadily being pursued in the search for a perfect method of contraception, and in the meantime we can but continue to help those women who need this advice by endeavouring to teach them the most suitable method of contraception which ensures the greatest measure of success.

Staff.—There were no additions to the staff during 1932. In April of that year Miss G. Payne took up duties to replace Miss L. Wright, who had resigned her post owing to continued ill-health.

May, 1933. E. B. BERENICE HUMPHREYS.

APPENDIX V.

Report of the City Analyst

For the Year 1932.

By F. C. BULLOCK, B.Sc., F.I.C.

I beg to submit my Fourth Annual Report on the work carried out in the City Laboratory. The report refers to the samples dealt with during the year ending 31st December, 1932, and is written on the same lines as in previous years.

Though the main part of the work of the department consists of the examination of samples taken under the Food and Drugs Act, a big variety of work comes in from other Corporation Departments ; this can only be referred to briefly in the body of the report.

The percentage of unsatisfactory food and drug samples is again rather high, 4.8 per cent. of the milk samples having been reported against, and 7.3 per cent. of samples other than milk.

The Acts and Regulations affecting the work of Public Analysts are the same as enumerated in the report for 1931 with one alteration. The Fertilisers and Feeding Stuffs Regulations, 1932, came into force on 1st September, 1932, replacing the 1928 Regulations. The new Regulations made small changes in the methods of sampling and analysis, and introduce several additions to the Schedules of the Fertilisers and Feeding Stuffs Act, 1926.

The year was further notable for the launching of a new edition of the "British Pharmacopœia." This will be referred to in the body of the report.

I am pleased to acknowledge again the loyal services of my two assistants throughout the year. Mr. Lunt resigned on 18th November to take up a post in Manchester. His place was not filled during the year in question, but Mr. C. Hyde, of the Wyggeston Boys' School, was appointed to commence duties on 1st January, 1933. During the year, Mr. J. L. Pinder passed the first part of the Final B.Sc. Examination (London University External).

I remain,

Ladies and Gentlemen,

Your obedient servant,

F. C. BULLOCK.

Summary of Samples.

The samples examined and reported on are classified in Table A.

TABLE A.

Category.	No. of Samples
Food and Drugs	1,472
Bacterial Milks	352
Fertilisers and Feeding Stuffs	13
Rag Flocks	5
Food Samples submitted by Public	9
Health Department Samples	214
Water Department Samples	182
Various other Departments	107
Miscellaneous Samples	32
Total	2,386

In nearly every department, the figures show an increase over the corresponding ones for previous years. In addition, daily determinations were made of the Sulphur Dioxide content of the air of Grey Friars.

Milk Samples.

Nine hundred milk samples were examined; 43 were reported "not genuine," being 4.8 per cent. of the total, compared with 3.9 per cent. in 1931.

The monthly average compositions of the samples analysed have been worked out, but are not shown owing to lack of space. The progressive variation is not quite so well marked as in previous years, but again the figures confirm that on an average the composition of milk is at its richest in November, and then steadily declines till May or June, when it begins to improve again.

Freezing Point of Milk.

It has been known for many years that, whereas the chemical composition of genuine milk varies greatly, and some of its physical properties, such as density, vary in proportion, the freezing point varies between much closer limits, and may be used as the best criterion of the freedom of the milk from added water. Unfortunately it gives no help on the question of abstraction of fat.

The subject has been referred to in monthly and other reports during the year; it has been dealt with elsewhere at considerable length by other Public Analysts; and by now a considerable volume of literature exists on the subject, including the reports of many milk prosecutions, where evidence based on freezing point has been offered.

It will suffice, therefore, to state here quite briefly that after some experience of the method with the somewhat inconvenient Beckmann

Cryoscope, a request was made to and granted by your Committee that a Hortvet apparatus be acquired. This instrument depends on the evaporation of ether to produce the degree of "cold" required to freeze the milk, and is designed so that the freezing point, to 1,000th of a degree Centigrade can be read directly without making corrections. Since installing the apparatus in March, 1932, we have made full use of it, and obtained an experience confirming that of most other users, namely, that whatever the percentage of non-fatty solids in a sample of milk, if the milk is as it came from the cow or cows, its freezing point will not be appreciably above 0.530° C.

One or two examples will illustrate (*a*) the great value of the test to the Analyst, (*b*) the protection it gives to the innocent dealer whose milk is below the legal composition, and (*c*) the increased power it gives to the Analyst in detecting the judicious "toning" of naturally rich milk

Sample No.	Fat %	S.n.F. %	Freezing Point.
912	3.88	8.22	–0.485° C.
83	2.75	8.18	–0.550° C.
451	4.20	9.08	–0.550° C.
451A	4.00	8.57	–0.520° C.

Sample No. 912 would be judged on the basis of the S.n.F. as a "border line" case, deficient of about 3 per cent. of its normal non-fatty solids, but not necessarily watered. The freezing point figure indicates definitely the presence of 10 per cent. of extraneous water.

No. 83 appears from the chemical figures to be of all-round low composition. It would normally be reported "deficient of 4 per cent. of its normal non-fatty solids, and of 8 per cent. of its normal fat ; and one would be tempted to suspect the presence of about 8 per cent. of water accounting for both deficiencies. The freezing point, however, proves the absence of extraneous water. (The fact that No. 912 was better value from the consumer's point of view than No. 83 is irrelevant to the present issue, but raises another question, namely, the sale of milk on a quality basis.)

No. 451 was a rich milk with a normal freezing point ; 5.5 per cent. of water was then added in the laboratory to constitute sample No. 451A. In spite of the presence of added water, whose presence is faithfully reflected in the abnormal freezing point, the sample would still pass muster when judged by its percentage of S.n.F.

The whole question is now being thoroughly ventilated, and no doubt in due course the value of the freezing point method will obtain some official recognition.

Every milk sample received was tested for the usual preservatives with negative results. Only one sample was condemned on account of the presence of dirt ; two others were reported "not so clean as is desirable."

TABLE B.

Milk Samples reported "Not Genuine."

No.	Sample.	Nature of Deficiency.	Action taken.
7	Formal	10% deficient Fat	Caution by M.O.H.
1713	,,	53% ,, ,,	,,
82	,,	6% ,, ,,	,,
83	,,	8% ,, ,,	,,
87	Informal	3 parts per 100,000 dry dirt (dung)	M.O.H. called attention of Farmers' Union to case.
88	,,	5% deficient Fat	Caution by M.O.H.
89	,,	2% added water	,,
1565	,,	5% deficient Fat	,,
129	Formal	15% ,, ,,	Prosecution : 40/- fine 22/4/32.
1540	,,	5% ,, ,,	Caution by M.O.H.
211	,,	12% ,, ,, 4.5% added water	Caution.
1583	Informal	5% deficient Fat	,,
219	Formal	4.5% added water	,,
220	,,	3.5% ,, ,,	,,
1799	Informal	6% deficient Fat	,,
236	Formal	3% ,, ,,	,,
1012	Informal	6% ,, ,,	,,
1015	,,	4% deficient Solids n. Fat	,,
1016	,,	3% deficient Fat	,,
1021	,,	15% ,, ,,	,,
1030	,,	8% added water	,,
306	Formal	12% deficient Fat 5% added water	,,
309	,,	5% ,, ,,	,,
311	,,	28% deficient Fat	,,
312	,,	8% ,, ,,	,,
351	,,	10% ,, ,,	,,
321	,,	10% ,, ,,	Prosecution : 5/- fine, 1/7/32.
325	,,	31% ,, ,,	,, ,,
1058c	Informal	8% ,, ,,	Caution by M.O.H.
1059	,,	5% ,, ,,	,,
1064	,,	8% ,, ,,	,,
334	Formal	33% ,, ,,	Cautioned before Committee.
425	,,	19% ,, ,,	Cautioned personally by M.O.H. "Following up sample" taken
444	Formal	7% deficient Fat	Caution by M.O.H.
1136	,,	23% ,, ,,	No action taken owing to special circumstances.
1139	,,	5% ,, ,, 2% added water	Caution by M.O.H.
1147	,,	10% deficient Fat	,,
1355	,,	7% ,, ,,	,,
1234	Informal	4.6% ,, ,,	,,
912	Formal	10% added water	Prosecution (withdrawn). Action taken against vendor 126A.
951	,,	12.5% ,, ,,	Prosecution: £1 fine. 30/11/32.
126A	,,	9% ,, ,,	,, £1 fine, 30/11/32.
724	Informal	18% deficient Fat	Follow-up sample taken found to be genuine.
S9	Private	11.8% added water	County Authorities advised.

The results of Bacteriological Examinations of Graded Milks taken under the Milk (Special Designations) Order, 1922, are shown in

TABLE C.

Result of Bacteriological Examination of Milks, 1932.

Grade.	Total No. examined.	Passed as satisfactory.	Total count too high.	B. Coli too numerous
Certified	14	10	—	4
Grade "A" (T.T.) ..	39	32	5	4
Grade "A"..	168	147	8	17
Pasteurised..	17	12	5	—
Sterilised	6	6	—	—
Bottled and Loose Milks	93	73	6	19
School Milk (Past.) ..	4	4	—	—
,, ,, (Bottled) ..	21	17	—	4
Miscellaneous	13	8	—	5
Total	375	309	24	43

The Food samples other than Milk, and Drug samples are shown in Tables D and E respectively, those complained of being detailed in Table F.

TABLE D.

Foods Analysed during 1932.

Sample.	
Condensed Milk	12
Cream	21
Butter	22
Margarine	18
Lard	17
Flour	12
Bread	6
Lemonade Powder, etc.	3
Sweets	20
Sugar	13
Jam	12
Honey	6
Beer	11
Wines	9
Spirits	8
Mineral Waters	9
Vinegar	9
Mincemeat	5
Coffee and Chicory	15
Tea	24
Cocoa	8
Almonds	8
Pepper	6
Mustard	6
Dried Fruit	25
Sausage	19
Meat Paste, etc.	36
Tinned Food	13
Lentils	3
Salt	6
Miscellaneous	9
Total	391

TABLE E.

Drugs Analysed during 1932.

Sample.	
Sodium Bicarbonate	7
Borax	6
Glycerine	18
Cream of Tartar	6
Fruit Salts	6
Salts, Epsom	6
,, Glauber	6
Sweet Spirits of Nitre	6
Tablets, Miscellaneous	8
,, Bismuth	2
,, Sulphur	1
,, Aspirin	2
Powders Seidlitz	6
,, Gregory	11
,, Liquorice	5
Oil, Castor	6
,, Eucalyptus	8
,, Almond	6
,, Camphorated	6
Tincture Ammoniated Quinine	12
,, Iodine	7
Lime Water	6
Prescriptions	7
Boracic Ointment	8
Ginger	6
Cinnamon	6
Crushed Linseed	7
Total	181

TABLE F.

Defective Samples other than Milk.

No.	Description.	Sample.	Nature of Adulteration.	Action Taken.
1682	Margarine	Informal	Labelling offence .002% Boric Acid	Caution M.O.H.
1688	,,	,,	16.43% water	
1738	,,	,,	Labelling offence ..	
1740	,,	,,	,, ,, ..	
1743	,,	,,	,, ,, ..	
1739	,,	,,	10% excess moisture ..	
454	Lard	,,	Alkaline ·13% Na_2CO_3	Caution by M.O.H.
1101	,,	,,	Acid 1.55% free Fatty Acid	
262	Jam	,,	$57/10^6$ Sulphur Dioxide	M.O.H. wrote to manufacturers.
265	,,	,,	$84/10^6$,, ,,	
37	Whiskey	Formal	36.4° under proof ..	M.O.H. communicated with Licensed Victuallers' Association.
942	Brandy	,,	37.6° ,, ,, ..	Caution by M.O.H.
1813	Malt Vinegar	Informal	Artificial Vinegar ..	M.O.H. caution and also communicated with Leicester Grocers' Association.
1816	,,	,,	,, ,, ..	
1818	,,	,,	,, ,, ..	
1819	,,	Formal	,, ,, ..	
1820	,,	,,	,, ,, ..	
1821	,,	,,	,, ,, ..	
453	Sausage	Informal	not declared $57/10^6$ Sulphur Dioxide	Caution by M.O.H.
457	,,	Formal	$17/10^6$,, ,,	
458	,,	,,	$23/10^6$,, ,,	
224	Potted Beef	Informal	$54/10^6$,, ,,	Formal sample taken.
226	,,	Formal	$109/10^6$,, ,,	Prosecution (dismissed payment of costs).
370	,,	,,	$78/10^6$,, ,,	,, ,,
493	Potted Meat	Informal	$28/10^6$,, ,,	Caution by M.O.H.
1346	,,	,,	8.8% Starch and $135/10^6$ Sulphur Dioxide ..	,, ,,
1401	,,	Formal	5.1% Starch	,, ,,
1449	,,	Informal	6.8% Dry Starch and $135/10^6$ Sulphur Dioxide	,, ,,
1474	,,	,,	Mucor mould present	Wrote to manufacturers Wrote to carton manufacturers.
1381	Mixed Fruit	,,	Unfit for food—grubs' excrement .	Caution by M.O.H.
1444	Borax	,,	$25/10^6$ Arsenic ..	M.O.H. wrote to manufacturer.
109	Celery Pills	,,	100% deficient Phenol Phthalein.	Formal sample taken.
144	,,	Formal	,, ,,	Wrote to manufacturers
1493	Almond Oil	Informal	Foreign Oil (Peach or Apricot Kernel)	,, ,,
78	Ammoniated Tinc. of Quinine	,,	42% excess Quinine ..	Caution by M.O.H.
543	Lime Water	,,	Deficient 44% $Ca(OH)_2$	Caution.
715	Prescription	,,	,, 78% HgI_2 in sol. .. .. ,, 92% KI ..	£5 fine 31/1/33.
24	Crushed Linseed	,,	,, 17% Oil ..	M.O.H. communicated with Pharmacists' Association.
50	,,	Formal	,, 13% Oil ..	Caution by M.O.H. Wrote to wholesaler.
1436	Cinnamon	Informal	·6% excess insol. ash.	M.O.H. wrote to manufacturer.
1440	,,	,,	·75% ,,	,, ,,

Margarine.

Out of 18 samples two contained excess moisture (i.e., over 16 per cent.) and one contained a trace of Boron preservative contrary to the Regulations. Water is added to Margarine in the course of manufacture, and is therefore not natural to it in the sense that it is natural to butter. Excess moisture in Margarine therefore signifies that the manufacturer is aiming to get near the maximum amount permitted and is not allowing a sufficient margin for variation throughout the batch.

Four samples were not labelled in accordance with the Regulations. This question was discussed in the 1931 report.

Lard.

Sample No. 454 was alkaline in reaction and gave 0.13 per cent. of ash which consisted of Sodium Carbonate. The sample was at once picked out as abnormal on account of its objectionable slimy texture. It was not clear whether the alkali had been added deliberately to mask acidity as it developed, or whether its presence was accidental from a previous washing process.

One other sample, No. 1101, was condemned on account of the presence of excessive free fatty acids.

Potted Meat.

No legal definition of this article exists, but standards have been suggested which exclude the presence of starchy matter unless the article is sold as "Meat Paste." This seems fair. There is no provision in the Public Health (Preservatives, etc., in Food) Regulations for any cooked meat food to contain preservative.

Of 36 samples examined, three contained appreciable amounts of starchy matter :—

Sample No.	Dry Starch %	equiv. to Bread %.
1346	8.8	17.6
1401	5.1	10.2
1449	6.8	13.6

Nos. 1346 and 1449 contained also 162 per million and 135 per million respectively of Sulphur Dioxide. The maker had used a preservative preparation intended only for use in sausage meat. Four samples contained 28, 54, 78 and 109 parts per million of SO_2 respectively. The maker of sample No. 493 containing 28 parts of SO_2 was emphatic that no sulphite preparation of any kind had been added, and submitted a further sample, No. S, for examination.

This was tested immediately for SO_2 and found to contain 9.0

parts per million. Ten days later, when the sample was in a decomposing condition, the apparent SO_2 content had increased to 55.0 parts per million. The inference was that the original sample was exhibiting incipient decomposition, although no other symptoms of this had been observed.

Potted Beef when made from Corned Beef tends to give off traces of volatile sulphur compounds under the usual conditions of estimation.

Sample No. 1474 was condemned on account of the presence of a copious growth of mould (Mucor). This was only visible when the beef was turned out of the carton, and from its distribution in patches at the corners, threw suspicion rather on the carton. Tests were made on further cartons submitted, and these were all satisfactory.

It appeared finally that the retailer did not sell supplies in rotation as delivered, and in the meantime, stored the beef under unsuitable conditions.

Drugs.

It will be seen from Table II that an unusually large variety of Drugs failed to pass the necessary standards.

Borax.

Sample No. 1444 contained 25 parts per million of arsenic, the B.P. limit being 5 parts per million. The commercial quality borax is of course largely purchased to be used for various domestic purposes, and this sample was no doubt the ordinary commercial article, and may have been sold in good faith. However, since we are working under a Foods and Drugs Act it is manifestly the intention of the Inspector to purchase the article for use as a drug, and the Analyst naturally assumes that it was expected to be of the necessary purity.

Celery Pills.

Informal sample No. 109 was accompanied by a rather elaborate formula giving the composition of each pill, one item in which was "Phenol Phthalein . . . gr. $\frac{1}{5}$." Analysis showed that none of this ingredient was present ; it was, moreover, the most expensive drug in the formula. A formal sample (No. 144) was similarly defective. The manufacturer was cautioned.

Many compound drugs are now sold with the composition declared, the object being to avoid paying Stamp Duty, since no proprietary rights are claimed. In the case of such products, there seems good scope for sampling since there can be no question of the fairness of judging an article by a standard volunteered by the manufacturer ; however, the onus should be on the manufacturer and not on the retailer.

Almond Oil.

Of six samples taken, five were genuine and one (No. 1493) gave the B.P. reaction for Peach Kernel or Apricot Kernel Oil. A commercial substitute for Almond Oil, known as "Ol. Amygd. Persic." is on the market derived from the kernels of peaches or apricots. Though this is very similar in character to genuine Almond Oil, it is cheaper, and should not be supplied when Almond Oil is requested.

Ground Cinnamon.

Two samples out of six (Nos. 1436 and 1440) contained an excessive amount of sandy matter. There was a suspicion that Cassia was supplied in place of Cinnamon ; the difference between the two articles for practical purposes is mainly one of flavour. The determination of the percentage of Cassia in a mixture is almost impossible, therefore it was considered advisable to condemn the samples on the B.P. specification simply, especially as this is calculated to exclude the presence of Cassia.

Ammoniated Tincture of Quinine.

A certain degree of precision should be a feature of all dispensing, and the traditional 10 per cent. in excess or deficit to allow for commercial inaccuracy seems to provide a reasonable margin. A sample of Ammoniated Tincture of Quinine (No. 78) contained 42 per cent. in excess of the required amount of Quinine. Clearly no fraud was intended, but the matter was considered important since Quinine is a drug for which many people show idiosyncrasy, developing headaches when taking in excess. The pharmacist was cautioned.

"The British Pharmacopaeia," 1932.

The new edition of the "B.P." which became operative in September, 1932, differs considerably in form and contents from its predecessors. Over 350 drugs, official in the 1914 edition, are omitted, including many infusions, extracts and tinctures and all the medicinal wines. One hundred and twenty-eight new drugs are introduced including anti-toxins, toxins and vaccines. The names of many articles have been altered, e.g., "Acidum Carbolicum" now becomes Phenol ; and slight alterations in composition affect other articles and preparations.

More precise chemical tests are included and biological assays are introduced for the first time.

The "B.P." still has no statutory standing, but public analysts use it as the basis for standards for drugs contained therein.

Private Samples.

Nine samples were submitted under Section 17 (2) of the Act, as follows :–

Samples submitted under Section 17 (ii).

Sample.	No.	Sample.	No
Milk	3	Chicken Picking ..	1
Flour	1	Cooked Chicken ..	1
Coffee Berries ..	1	Potted Beef	2

Fertilisers and Feeding Stuffs Act, 1926.

Table G summarises the samples taken, and the results of analysis. An improvement is shown over 1931, when, out of 13 samples, one failed to come up to the right composition and seven were improperly declared.

TABLE G.

Fertiliser and Feeding Stuffs Samples Analysed during 1932.

Sample.	Number.	Number Unsatisfactory.		
		Composition Incorrect.	Statutory Declaration. Defective	Total.
Garden Fertiliser ..	1	—	—	—
Compound Fish Manure	1	—	—	—
Top Dressing Manure ..	1	—	—	—
Limeit	1	—	—	—
Lime	1	—	1	1
Ammonium Sulphate ..	1	—	—	—
Basic Slag	1	—	1	1
Nitrate of Potash ..	1	—	1	1
Nitrate of Soda	2	—	—	—
Bone Meal	2	—	—	—
Blood Meal	1	—	1	1
Total	13	—	4	4

Rag Flock Act, 1911.

The Act requires that the soluble chlorine in Rag Flock, determined in a definite manner, shall not exceed 30 parts per 100,000.

Five samples gave the following results :

TABLE H.

Rag Flocks Tested during 1932.

Sample No.	R.1	R.2	R.3	R.4	R.5
Chlorine in parts per 100,000	11.0	7.8	6.6	8.6	12.2

Bath Waters.

The great amount of bacterial pollution which may occur in swimming baths has long been recognised, and continuous treatment is necessary to maintain the water in a safe condition. The most effective agent for this purpose is chlorine, following the processes of filtration and aeration.

One can only be sure of the safety of the water by making regular bacteriological examination; the treatment can then be adjusted accordingly. About one part of chlorine per million is the optimum amount. A certain threshold value is necessary to oxidise organic matter, nitrites, etc., before the residual chlorine has any bactericidal effect, while amounts much in excess of one part per million become self-evident and objectionable to bathers.

After some preliminary tests, the following standards were adopted, and regular sampling carried out throughout the year.

Standards.

(1) The Free Chlorine shall not exceed 0.5 parts per million.

(2) The Bacterial count (24 hours on Agar at blood heat) shall not exceed 1,000 organisms per c.c.

(3) Bacillus Coli shall not be present in more than two out of five 10 c.c. tubes.

System of Sampling.

Each bath is sampled the first week it is open to the public for the year. If the water fails on any one of the above tests, it is sampled again weekly until a satisfactory sample is obtained. It is then sampled again after a fortnight, and if still satisfactory it is sampled thereafter once a month.

If the first sample from a bath is satisfactory, it is sampled again after a fortnight, and thereafter monthly while it remains satisfactory.

Table J summarises the samples taken. Generally speaking, we find that as long as the water gives a good reaction for free Chlorine, the bacterial results are satisfactory, and vice versa.

GRAPH V

MONTHLY VARIATION OF THE AMOUNT OF SULPHUR DIOXIDE IN THE ATMOSPHERE OF GREY FRIARS DISTRICT DURING 1932 TO 1933

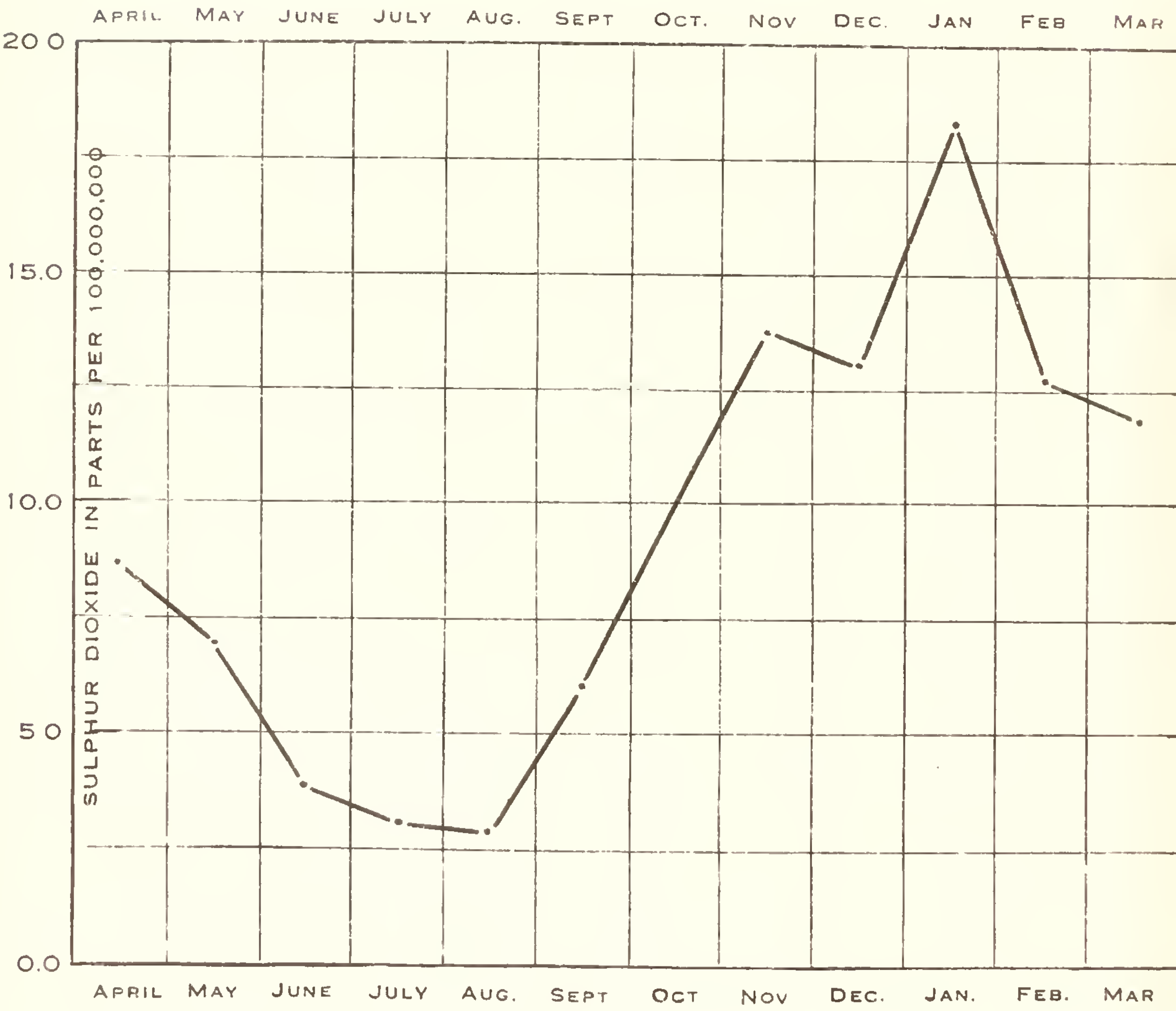

TABLE J.

Bath Water Samples Examined during 1932.

Bath.	Period.	No. examined.	No. satisfactory.	No. with Free Chlorine exceeding .05 parts per mill.	No. unsatisfactory		% passed as satisfactory.
					Count.	Coli.	
Aylestone . .	Apr.-Sept.	12	6	7	6	3	50
Spence Street . .	,,	22	3	3	14	18	14
Cossington Street	May-Sept.	8	6	5	2	-	75
Bath Lane . .	Jan.-Dec.	31	10	9	18	16	32
Vestry Street . .	,,	17	14	16	1	2	82
		90	39	40	41	39	43

On no occasion was there a serious excess of chlorine present.

Atmospheric Pollution.

Regular readings were obtained throughout the year for the three Standard Deposit Gauges ; the mean monthly deposits obtained were as follows :—

TABLE K.

Atmospheric Pollution.

Quantities expressed in English tons per square mile.

		Town Hall.	Milton St.	Western Pk.
Insoluble Matter	Tarry matter . .	.32	.38	.12
	Soot	6.55	5.46	.91
	Ash	14.23	12.22	1.56
Soluble Matter	Volatile Matter . .	3.42	3.28	1.70
	Ash	6.09	4.77	2.55
Sulphate as SO_3		2.93	2.47	1.30
Chloride as Cl		.98	.63	.53
Ammonia as NH_3		.25	.33	.11
Total Solids.		30.61	26.11	6.84

The figures are very similar to those for the previous year : Town Hall and Milton Street show a slight increase whereas Western Park shows a slight decrease.

Regular determinations of the Sulphurous Acid in the town air were made by drawing in air through the laboratory window, passing through diluted hydrogen peroxide and measuring the amount of Sulphuric Acid so formed. The mean monthly results are shown in Graph V.

Miscellaneous Samples examined for various committees.

Health Committee.

Rainwaters	35
Drinking Waters (Chemical)	15
,, ,, (Bacterial)	1
Well Water (Chemical)	8
,, ,, (Bacterial)	1
Sump Water (Chemical)	6
,, ,, (Bacterial)	1
Bath Waters	90
Breast Milk	14
Grit	4
Soft Soap	4
Carbolic Soap	10
Disinfectants	11
Insecticides	8
Petroleum Soap	1
Formalin Vaporiser	1
Wall Paper	1
Bricks	2
Potted Meat Carton	1
	214

Water Committee.

Waters (Chemical)	51
,, (Bacterial)	93
,, (Biological)	36
Bitu-proof Liquid	1
White Lead Paint	1
	182

City Mental Hospital.

Milk	2
Margarine	4
Grass Nuts	1
	7

City General Hospital.

Milk (Chemical)	12
,, (Bacterial)	12
Boiler Feed Water	1
	25

Isolation Hospital.

Milk (Chemical)	10
,, (Bacterial)	10
	20

City Surveyor.

Condenser Water	1
River Water	2
Fish	1
Dried Screenings	1
	5

Public Assistance Committee.

Milk (Chemical)	1
,, (Bacterial)	1
Pond Water	1
	3

Sanitary and Baths Committee.

Fertilisers	18

Markets Committee.

Sludge and Brine	4

Tramways Department.

Oils	20
Disinfectant	1
	21

Police.

Dog Medicine	1

H.M. Prison.

Milk	2

Housing Committee.

Pond Water	1

APPENDIX VI.

Report of Chief Sanitary Inspector

for the year 1932.

Staff.

The inspection staff consists of a Chief Inspector, two Inspectors engaged whole time in meat inspection work at the Corporation Slaughterhouses at the Cattle Market, and fourteen District Sanitary Inspectors.

There was one change of staff during the year, Inspector M. Tyldesley, who started duty with the Leicester Corporation on the 9th October, 1899, reached the retiring age on the 10th May.

Inspector F. W. Murray, of Norwich, was appointed to fill the vacancy.

The ordinary routine work is still much interfered with by the detaching of inspectors for special Slum Area survey work. Additional inspectors ought to be appointed if headway is to be made with Slum Clearance. The last additional inspector was appointed in June, 1929.

Synopsis of Sanitary Inspection Work.

An "inspection" is the first visit made to premises.

A "re-inspection" is a visit made after notice has been given for the remedying of a defect.

	Inspections.	Re-inspections.	Total.
Re Accumulations	98	—	98
Re Animals, Poultry, Swine, &c.	83	8	91
Ashpits and Ashbins	176	55	231
Bakehouses—Factory ..	82	31	113
Non-Factory ..	92	—	92
Canal Boats	52	—	52
Cesspools	—	—	—
Closets—Water	687	270	957
Pails	—	—	—
Cold Stores	125	—	125
Common Lodging Houses—Day	292	—	292
Night	18	—	18
Complaints Received	2165	1624	3789
Complaints Confirmed ..	2240	4159	6399
Cowsheds	39	—	39
Dairies, Milkshops and Milkstores	360	—	360
Dangerous Structures	23	—	23
Drains—Smoke Tests ..	2172	177	2349
Chemical Tests ..	30	—	30
Colour Tests ..	135		135
Carried forward ..	8869	6324	15193

	Inspections.	Re-Inspections.	Total.
Brought forward ..	8869	6324	15193
Drains Inspected	3874	2856	6730
Entertainment Houses	14	—	14
Factories	105	—	105
Fish Frying Premises	82	—	82
Food Manufacturing Premises	651	—	651
Houses re Contagious Disease	700	—	700
Houses re Contagious Disease Enquiry	473	—	473
Houses re Disinfection ..	616	—	646
Housing Acts—Houses ..	401	3003	3404
Special Visits ..	489	—	489
Other Buildings	16	—	16
Houses Let in Lodgings—Day ..	4	—	4
Night	—	—	—
Hotel and Restaurant Kitchens	11	—	11
Ice Cream Premises	56	—	56
Markets—Cattle	232	—	232
Retail Meat	544	—	544
Fish and Fruit ..	416	—	416
Wholesale Fish and Fruit	477	—	477
Wholesale Meat ..	253	—	253
Wholesale Tripe ..	18	—	18
Meeting with Owner or Tradesman	1416	—	1416
Merchandise Marks Act ..	717	—	717
Agricultural Produce (Grading and Marking) Act	437	—	437
Offensive Trade Premises ..	241	—	241
Other Foodshops	158	—	158
Outworkers	—	—	—
Piggeries	9	—	9
Shops—Meat	1343	—	1343
Fish	219	—	219
Fruit	254	—	254
Slaughterhouses—Corporation	2067	—	2067
Private ..	6243	—	6243
Schools	12	—	12
Smoke Observations	219	—	219
Special Visits re Smoke ..	336	—	336
Special Visits	2662	—	2662
Sewers, &c.	24	—	24
Street Gullies	2	—	2
Streets or Back Roads ..	—	—	—
Tips	35	—	35
Urinal—Public	25	—	25
Private	—	—	—
Van Dwellings	51	—	51
Wells	1	—	1
Workshops and Workplaces (excluding Bakehouses) ..	225	—	225
Yards and Courts	103	—	103
Grand Totals ..	35130	12183	47313

Notices—Served	—Informal	1121
	—Formal	52
Complied with	—Informal	860
	—Formal	43
Samples—Food and Drug Acts		1472
Water		31
Bacteriological		352
Milk for T.B.		122
Rag Flocks Act		5
Fertiliser and Feeding Stuffs Act		13

CANAL BOATS.

The whole of the "available" boats on the register, viz.: 51 are "Narrow" boats. Fifty-two boats were inspected during the year; these were occupied by 71 males, 34 females, 11 children over five years and 4 under five years.

The condition of the boats was clean and satisfactory.

DISINFECTION.

The total number of articles of clothing, bedding, &c., disinfected by steam during the year was 2,314. The number of houses or parts of houses disinfected was 2,209.

The above figures include clothing, bedding, &c., from 189 houses which were found to be in a verminous condition.

DRAINS.

Voluntary Cleansing of Stopped Drains by Health Department.

One hundred and thirty drains were attended to, and of these 99 were unstopped immediately. In the remaining 31 cases the owners' attention had to be called to them.

ADMINISTRATION OF FACTORY AND WORKSHOPS ACT, 1901.

In connection with Factories, Workshops, Workplaces and Home Work.

1.—Inspection of Factories, Workshops and Workplaces.

Premises. (1)	Number of Inspections. (2)	Number of Written Notices. (3)	Number of Prosecutions. (4)
Factories	105	21	
Workshops	225	—	—
Total	330	21	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.		Number of Prosecutions.
	Found.	Remedied.	
(1)	(2)	(3)	(4)
Nuisances under the Public Health Act :—			
Want of Cleanliness ..	3	3	—
Want of Ventilation	2	2	—
Overcrowding	—	—	—
Other Nuisances	12	11	—
Sanitary Accommodation Insufficient	11	11	—
Offences under the Factory and Workshops Act ..	—	—	—
Total	28	27	—

3.—Home Work.

The number of lists received from employers was as follows :—

	Twice in the year		Once in the year.	
	Lists.	Outworkers.	Lists.	Outworkers.
Wearing Apparel (making)	26	521	13	182

4.—Other Matters.

CLASS (1).

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshops Acts (S. 133, 1901) .. .. None

Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts (S. 5, 1901)	Notified by H.M. Inspector	25
	Reports (of action taken) sent to H.M. Inspector	24

Underground Bakehouses (S. 101) in use at the end of the year 1

Improvements to Houses.

	No. of Houses.
Separate internal water supply in place of taps in common yards	101
Additional water closets	118
Houses formerly with common yards and common sanitary conveniences, which have now been provided with separate yards, separate sanitary conveniences, internal sinks, taps, &c.	52

(Housing Act, 1930).—Removals from Nos. 1, 2 and 3 Clearance Areas (Green Street-Sandacre Street Areas) to Tailby Estate.

No. of families re-housed.	No. of persons re-housed.	No. of new houses used for re-housing.
189	749	183

Destruction of Vermin before removal to New Houses.

As every house in the Clearance Areas was infested with vermin—the bed bug in particular—a great effort was made by the department to prevent the infesting of the new houses.

The routine is as follows :—

The walls and floors are first sprayed with a weak disinfectant solution.

The beds (and other furniture as far as possible) are dismantled and cleansed, sprayed and douched with a solution of paraffin (90 per cent.) soft soap and oil of citronella.

The houses are treated on three separate days during the week prior to removal and on the day of removal all bedding and articles that will not be damaged by steam are removed, passed through the steam disinfector and delivered to the new house the same day.

The new houses have been inspected regularly re cleanliness and vermin.

Number inspected.	Number dirty.	Number where vermin were found.
136	8	5

The tenants are responding very well to our requests to them to look after their new homes and keep them clean. The verminous houses were dealt with promptly by removing the bedding, &c., for steam disinfection. The infested rooms were treated firstly by spraying and secondly by a heavy dose of sulphur dioxide.

Each of the five bug-infested houses had straw mattresses which are most difficult to deal with.

Assistance given to Families.

The Leicester Charity Organisation Society gave valuable help to a number of families who were in need. Several of the families required extra beds for the proper separation of the sexes, and in other cases the beds and bedding were too dilapidated to move.

Families supplied with beds or bedding	26
Families given financial assistance towards removal expenses	20

FOOD SUPPLIES.

Supervision of.

TABLE A.

Summary of Foodstuffs condemned.

	Tons.	Cwts.	Qrs.	Lbs.
Meat	89	2	1	24
Fish . .	10	12	2	11
Fruit	2	0	3	3
Vegetables	7	0	0	14
Rabbits				1334
Preserved Foods (Tinned Goods)				9983
Poultry				250
Eggs				410
Hares				173
Game				22

TABLE B.

Total weights of British and Imported Meat and Offal rejected, at various premises.

	Tons.	Cwts.	Qrs.	Lbs.
British Meat	68	15	3	6
Imported Meat ..	1	5	3	24
British Offal	18	18	3	11
Imported Offal	—	1	3	11
Total Weight ..	89	2	1	24

	British Meat.				Imported Meat.				British Offal.				Imported Offal.			
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Shops	–	2	–	3	–	2	2	7	–	1	1	27	–	–	2	
Private Slaughterhouses ..	13	7	1	17	–	–	–	–	4	8	–	25	–	–	–	–
Cattle Market	54	17	3	–	–	–	–	–	14	9	–	15	–	–	–	–
Cold Stores	–	–	–	–	–	3	2	8	–	–	–	–	–	–	–	–
Retail Market	–	5	1	14	–	4	–	2	–	–	–	–	–	–	–	–
Wholesale Market (imported)	–	–	–	–	–	15	3	7	–	–	–			1	1	11
Railway Stations	–	3	1		–	–	–	–	–	–	–	–	–	–	–	–
Totals	68	15	3	6	1	5	3	24	18	18	3	11	–	1	3	11

TABLE C.

Total weights of Carcases, Parts of Carcases, and Offal, rejected for all diseases.

	Carcase.				Parts of Carcase.				Offal.				Total.			
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Tuberculosis	20	9	3	6	19	14	1	14	7		1	25	47	4	2	17
Other defined Diseases ..	24	7	2	5	4	4	–	9	11	18	1	14	40	10	–	–
Totals	44	17	1	11	23	18	1	23	18	18	3	11	87	14	2	17

TABLE D.

Total number of Carcases found affected, for various diseases.

Carcases affected with Tuberculosis.	Carcases affected with other defined diseases.	Total number of Carcases affected. (All diseases)
2466	4635	7101

Number of healthy Carcases examined not available.

TABLE E.

Number of Carcases showing evidence of Tuberculosis and number of entire Carcases rejected.

	Beasts.	Calves.	Pigs.	Total.
Number of Carcases affected	443	7	2016	2466
Number of entire Carcases rejected ..	94	4	33	131

TABLE F.

Total number of Carcases rejected for Tuberculosis and other defined diseases.

Disease.	Bulls.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total of all Carcases.
Tuberculosis ..		59	25	11	4			32	131
Other defined diseases		46	7	3	29	218	39	90	432
Totals ..		105	32	14	33	218	39	122	563

TABLE G.

Total number of all Carcases, parts of Carcases, and Offal, rejected for all diseases.

Disease.	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Tuberculosis	131	2034	301	2466
Other defined diseases ..	432	409	3794	4635
Totals	563	2443	4095	7101

TABLE H.

Total number of Carcases, parts of Carcases and Offal condemned in :—

	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Corporation Slaughterhouses (including Co-operative Society Slaughterhouse at Cattle Market)	428	2178	3549	6155
Private Slaughterhouses ..	127	222	491	840
Shops, Markets and other Premises	8	43	55	106
Totals	563	2443	4095	7101

TABLE I.

Tabulated List of other defined Diseases and their incidence in Carcases rejected.

Disease.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total.
Anæmia	–	–	–	1	1	–	–	2
Dropsy	15	2	–	5	132	13	13	180
Fever—Acute	4	–	1	8	7	2	7	29
Joint Ill	–	–	–	1	–	–	–	1
Pneumonia	1	1	–	1	2	1	2	8
Decomposition . .	–	–	–	1	14	8	6	29
Emaciation	1	–	–	–	7	4	2	14
Asphyxia	–	–	–	–	–	–	2	2
Dead Animals . .	3	1	–	–	34	6	41	85
Immaturity	–	–	–	5	–	5	–	10
Bruising—Extensive . .	–	–	–	–	16	–	–	16
Gangrene	–	–	1	–	1	–	–	2
Septic Metritis . .	3	–	–	–	–	–	–	3
Septicæmia	4	1	–	2	–	–	1	8
Pyæmia	–	–	–	3	–	–	2	5
Septic Mammitis . .	3	–	–	–	–	–	–	3
Johnnes' Disease . .	8	–	1	–	–	–	–	9
Jaundice	–	–	–	1	3	–	3	7
Swine Erysipelas . .	–	–	–	–	–	–	4	4
Acute Peritonitis . .	3	1	–	–	1	–	2	7
Melanosis	–	–	–	1	–	–	–	1
Swine Fever	–	–	–	–	–	–	4	4
Uræmia	1	1	–	–	–	–	1	3
Total	46	7	3	29	218	39	90	432

SAMPLING.

Food and Drugs (Adulteration) Act.

Number of Samples taken for Chemical Analysis

1928	1929	1930	1931	1932
927	1552	1519	1338	1470

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926	13
Number of Samples taken under Rag Flock Act, 1911 .	5

Milk (Special Designations) Order, 1923.

Number of Samples taken for Bacteriological Examination.

1928	1929	1930	1931	1932
330	376	264	253	352

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI.

Milk and Dairies (Consolidation) Act, 1915.

(This Act came into operation on 1st September, 1925.)

Number of Samples of Milk taken for microscopical and biological examination for Tubercle Bacilli—

1929	1930	1931	1932
120	86	120	122

	Number of Samples taken.	Number reported containing Tubercle Bacilli.	Number reported negative.	Number unsatisfactory although negative as regards Tubercle Bacilli.
Cowkeepers with registered premises within City boundaries ..	11	3	8	—
Cowkeepers with premises outside City boundaries ..	111	9	85	17
Totals ..	122	12	93	17

Percentage of milk samples containing Tubercle Bacilli, 9.8.

City Herds.

Of the 11 samples of milk produced inside the City, the three which were reported to contain Tubercle Bacilli were from the same herd. One bulk sample from the whole herd was taken and was reported to contain Tubercle Bacilli in spleen and inguinal glands. As a result of this report two samples were taken from individual cows and these will be reported upon in next year's report.

County Herds.

Of the 111 samples of milk taken from cowkeepers with premises outside the City boundary, the nine samples reported to contain Tubercle Bacilli were referred to the County Authority for action, five of the samples were samples which had been repeated owing to unsatisfactory reports.

The post-mortem examinations of the remaining 12 guinea pigs inoculated with the milk for which unsatisfactory reports were received, are as follows :—

(1) Guinea Pig died from intercurrent disease.	Sample repeated and reported negative.
(2) Ditto	Ditto
(3) Guinea Pig died.	Ditto
(4) Guinea Pig died from intercurrent disease.	Ditto
(5) Ditto	Ditto
(6) Guinea Pig died. Evidence of acute enteritis—half of small intestine greatly engorged : liver enlarged with numerous necrotic foci : spleen very large and diffluent : kidneys and supra-renals congested. Smears —Negative for T.B.	Ditto.
(7) Guinea Pig died.	Supply stopped coming into Leicester.
(8) Ditto	Sample repeated and reported negative.
(9) Ditto	Supply stopped coming into Leicester.
(10) Guinea Pig died from causes other than T.B.	Sample repeated and reported Negative.
(11) Ditto	Ditto
(12) Ditto	This sample will be repeated.

Sample numbered (6) on 1931 report was repeated and found to be negative.

SLAUGHTERHOUSES.

Particulars of all Slaughterhouses in the City.

Registered Private Slaughterhouses	40
Licensed Private Slaughterhouses (includes one Knacker's Yard)	2
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	18
Total Slaughterhouses	60

During the year two registered Private Slaughterhouses were removed from the register, reducing the number to 40. Compensation was paid in respect of one of these Slaughterhouses only.

SMOKE ABATEMENT.

Action taken re smoke nuisances :—

Observations taken of chimney stacks	219
Chimneys reported for causing nuisance	3
Cautions by Inspectors	8
Interviews of Engineers or Stokers by Inspectors	1
Informal Notices or Letters sent	6
Chimneys reported to Health Committee	4
Prosecutions	2

LEGAL PROCEEDINGS.

Public Health Acts.	
For the abatement of nuisances	2
Merchandise Marks Act, 1926	–
Public Health (Meat) Regulations, 1924	1
Sale of Food Order	1
Food and Drugs (Adulteration) Act, 1928	4
Preservative Regulations	1
Milk and Dairies Order, 1926	1
Bye-laws with respect to Slaughterhouses	2
Leicester Improvement Drainage and Markets Act, 1868.	
Smoke nuisance	2
Offences against Persons Act, 1861	1
Appeals (Housing Act, 1925)	—

LEGAL PROCEEDINGS.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fines. £ s. d.	Costs. £ s. d.
Food & Drugs (Adulteration) Act, 1928	Selling adulterated milk 45 per cent. deficient in fat	Conviction	2 0 0	—
Ditto	Selling adulterated milk 15 per cent. deficient in fat	Ditto	2 0 0	—
Ditto	Selling adulterated milk 10 per cent. and 31 per cent. deficient in fat	Conviction in each case	5 0 5 0	—
Ditto	Selling adulterated milk 6.8 per cent. and 7 per cent. deficient in fat	Conviction in each case	1 0 0 1 0 0	—
Public Health (Smoke Abatement) Act, 1926	Excessive smoke emitted from factory chimney	Conviction Firm fined .. .. Stoker fined	4 0 0 0 10 0	— —
Ditto	Ditto	Conviction	3 0 0	—
Milk and Dairies Order, 1926	Filling bottles with milk on unregistered premises and using unregistered premises as a dairy	Conviction	1 0 0	—
Public Health (Meat) Regulations 1924. Part IV. (Stalls)	Exposing meat and failing to prevent contamination by dust	Conviction	2 0 0	—
Preservative Regulations ..	Selling three samples of potted meat containing 54, 78 and 109 parts per million of sulphur dioxide	Conviction. Cases against vendors dismissed. Wholesaler to pay costs.	—	0 4 0
		Carried forward	17 0 0	0 4 0

LEGAL PROCEEDINGS—Continued.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fines. £ s. d.	Costs. £ s. d.
		Brought forward ..	17 0 0	0 4 0
Bye-laws with respect to Slaughterhouses	Failing to use mechanical killer.. ..	Conviction	1 0 0	—
Ditto	Ditto	Conviction	0 10 0	—
Public Health Act, 1925	Failing to give notice of intention to reconstruct drains	Conviction	0 10 0	—
Public Health Act, 1875 ..	Keeping pigs so as to be a nuisance ..	Order of court to abate nuisance within 28 days	—	—
Sale of Food Order ..	Failing to label imported meat ..	Case dismissed	—	—
Offences against Persons Act, 1861	Assaulting employee	Conviction and bound over for 12 months	1 0 0	—
		Total	20 0 0	0 4 0

F. G. McHUGH, M.R.San.I., M.S.I.A., *Chief Sanitary Inspector.*

APPENDIX VII.

Reports of the V.D. Medical Officers

1. Report on Male V.D. Clinic for Year 1932

By C. HAMILTON WILKIE, M.B., B.Sc.

General.

Leicester Royal Infirmary Male Venereal Treatment Centre has been working under full pressure throughout the year. This centre, consisting of both in-patient and out-patient departments, is the one centre for the City of Leicester and for Leicestershire.

The new system of Case Recording and the alterations and extension of the out-patient department, which were made at the beginning of the year, have greatly added to the efficiency of the work.

The actual number of new cases is greater than last year, although this increase is really due to an increase of cases who, on examination, were found not to be suffering from any venereal disease.

The following tables give details concerning the numbers for the year and any remarks fall under their proper headings.

Old Cases.

TABLE I.

Number of Male Cases on 1st January under treatment or observation.

Venereal.			Conditions other than Venereal.	Total.
Syphilis.	Soft Chancre.	Gonorrhœa.		
167	—	154	10	331

Returned Defaulters.

TABLE II.

Number of Male Cases removed from register during any previous year, which returned during 1932 for treatment or observation of the same infection.

Syphilis.		Soft Chancre.		Gonorrhœa.		Totals.		Grand Total.
T.	C.	T.	C.	T.	C.	T.	C.	
9	3	—	—	3	—	12	3	15

T City of Leicester.
C County of Leicester.

New Cases.

TABLE III.

Number of Male Cases dealt with for the first time during the year under review (exclusive of cases transferred in from other treatment centres).

	Venereal.						Conditions other than Venereal.		Totals.		Grand Totals
	Syphilis.		Soft Chancre.		Gonorrhœa						
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.	
Syphilis, Primary sero-negative ..	6	4	–	–	–	–	–	–	6	4	10
,, primary sero-positive ..	3	3	–	–	–	–	–	–	3	3	6
,, secondary ..	3	6	–	–	–	–	–	–	3	6	9
,, latent in first year of infection ..	2	–	–	–	–	–	–		2	–	2
,, all later stages ..	34	16	–	–	–	–	–	–	34	16	50
,, Congenital ..	2	6	–	–	–	–	–	–	2	6	8
Soft Chancre	–	–	1	1	–	–	–	–	1	1	2
Gonorrhœa, first year of infection	–	–	–	–	180	55	–	–	180	55	235
,, later	–	–	–	–	1	1	–	–	1	1	2
Conditions other than Venereal	–	–	–	–	–	–	201	67	201	67	268
Totals	50	35	1	1	181	56	201	67	433	159	592

TABLE IV.

Number of Male Cases dealt with for the first time in 1932 known to have received treatment at other Centres for the same infection.

Syphilis.		Soft Chancre.		Gonorrhœa.		Totals.		Grand Total.
T.	C.	T.	C.	T.	C.	T.	C.	
18	4	—	—	21	5	39	9	48

TABLE V.

Age incidence of Male New Cases 1932.

(Inclusive of "transfers in" and "returned defaulters.")

		– 15	– 20	– 25	– 35	– 45	– 50	+50	Totals.
Syphilis, Primary ..	T.	—	1	2	5	6	—	—	14
	C.	—	3	2	2	—	1	—	8
,, Secondary ..	T.	—	—	2	6	2	1	—	11
	C.	—	1	4	2	1	—	—	8
,, latent in first year	T.	—	—	2	1	1	–	—	4
	C.	—	—	—	—	—	—	—	—
,, all later stages	T.	—	—	2	5	9	5	22	43
	C.	—	—	1	2	7	2	7	19
,, Congenital	T.	3	—	—	1	—	1	—	5
	C.	1	4	—	1	1	—	—	7
Soft Chancre	T.	–	—	1	—	—	—	—	1
	C.	—	—	—	1	—	—	—	1
Gonorrhœa, first year	T.	1	15	49	100	28	3	6	202
	C.	—	5	22	30	3	—	—	60
,, later ..	T.	—	—	1	1	2	—	—	4
	C.	—	—	—	—	—	—	—	—
Conditions other than	T.	3	26	40	71	37	10	14	201
Venereal	C.	7	2	12	29	11	5	1	67
Totals		15	57	140	257	108	28	50	655

TABLE VI.

Numbers and percentages of Male New Cases, single, married or widower.

	Number.	Percentage.
Single	318	48.6
Married	303	46.2
Married (but living apart).. ..	19	2.9
Widowers	15	2.3

TABLE VII.

Analysis of Occupations of New Male Cases.

Occupations.	No.	Occupations.	No.
Transport Workers	87	Unemployed	20
Boot and Shoe Workers ..	82	Miners	19
Labourers	77	Farm Hands, Dairymen	10
Engineers and Electricians ..	67	School Children ..	13
Building Trade	65	Printing Trades ..	8
Shop Hands and Salesmen ..	60	The Services	8
Hosiery	47	Unknown Occupations ..	6
Travellers	34	Miscellaneous	28
Office Workers..	24		
		Total	655

TABLE VIII.

New County Cases.

This table shows the number from various areas in the County.

Area.	No.
Coalville	28
Loughborough	18
Melton Mowbray	22
Market Harborough	5
Lutterworth	16
Hinckley	25
Just beyond boundary of City of Leicester	46
County Cases of Unknown Address ..	8
Total	168

TABLE IX.

Showing Male New Cases under 15 years (Congenital Syphilitics only)

Sent from :—	Totals. T.	Totals. C.	Grand Totals.
Eye Department (Leicester Royal Inf'y)	–	2	2
*Female V.D. Dept. (Leicester Royal Infy)	2	–	2
Parents attending V.D. Clinic	–	–	–
(Attending V.D. Clinic) Brothers or Sisters	–	–	–
School Medical Officers	–	–	–
School Dentists	–	–	–
Private Practitioners	–	–	–
Totals	2	2	4

This total of four seems surprisingly small. It will be observed that we have received congenital syphilitic children under 15 years only from departments of the Royal Infirmary.

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* Congenital Male Children under 5 years of age are treated in the Female V.D. Department until they reach the age of 5 years, when they are transferred to the Male V.D. Department.

Cured Cases.

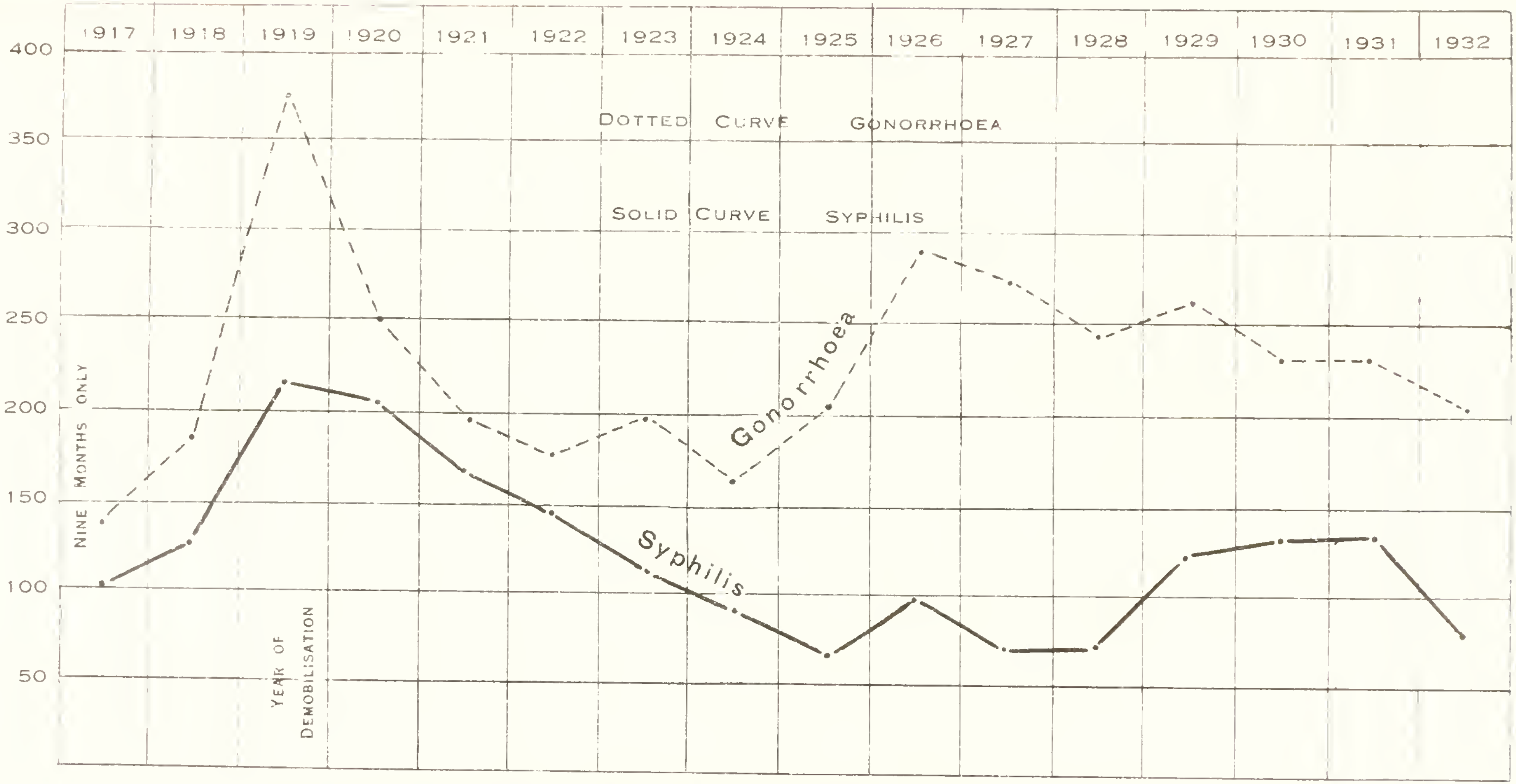
TABLE X.

Number of Cases discharged after completion of treatment and final tests of cure.

Venereal.			Condition other than Venereal.	Totals.
Syphilis.	Soft Chancre.	Gonorrhœa.		
38	2	154	269	463

All apparently cured syphilitic patients must remain under observation for two years after cessation of treatment before being dismissed as cured. I am strongly in favour of cured syphilitic patients reporting for a blood test once a year for at least five years after being proclaimed cured.

NEW CASES IN MALES (CITY ONLY)
ROYAL INFIRMARY CLINIC
1917-1932



The increase in Venereal Disease in Males in 1919, which accompanied Demobilisation after the War, was very marked. This was followed by a steady decline for several years. Since 1924 Gonorrhoea has increased, but the number of new cases is only the number coming forward for treatment, and not the number actually occurring, of which we have no official record.

Defaulters.

TABLE XI.

Number of Cases which ceased to attend before completion of treatment and were on first attendance suffering from :—

	Syphilis.	Gonorrhœa.
Syphilis (primary)	4	—
,, (secondary)	2	—
,, (latent in first year)	1	—
,, (all later stages)	19	—
,, (Congenital)	3	—
Gonorrhœa (first year)	—	25
,, (later)	—	1
Totals	29	26

Only two male cases of primary syphilis and one male case of secondary syphilis defaulted from the above list before completion of one course of anti-syphilitic treatment.

TABLE XII.

Number of Cases which ceased to attend after completion of treatment but before final tests of cure.

Syphilis.	Gonorrhœa.	Total.
17	36	53

Defaulters shown in Table XII. are not considered the same danger to others as those shown in Table XI. as in many cases they are either cured or have reached a non-infective state.

It is the rule at this V.D. Centre that all new cases who suffer from venereal disease are informed that they will be written to in the event of their defaulting from treatment or observation. If the patient objected to this an entry would be made that no letter has to be sent out to him. So far no objection has been given.

The form of letter written to a defaulter consists of a typewritten note, non-committal in character, requesting the patient to call at his earliest convenience. This note is signed by the Senior V.D. Officer. Should the defaulter ignore this first letter, a second one is sent, pointing out the dangers to himself and others.

This method of writing to defaulters has done much to reduce the number of defaulters during the year under review.

Transfers Out.

TABLE XIII.

Cases transferred to other Centres or to Institutions or to Private Practitioners.

Syphilis.		Gonorrhœa.		Totals.		Grand Total.
T.	C.	T.	C.	T.	C.	
20	7	31	3	51	10	61

Cases on Open Records at End of Year 1932.

TABLE XIV.

Syphilis.		Gonorrhœa.		Conditions other than Venereal.		Totals.		Grand Totals.
T.	C.	T.	C.	T.	C.	T.	C.	
105	70	124	46	5	4	234	120	354

Number of Attendances.

TABLE XV.

Number of attendances for :	Syphilis.		Gonorrhœa		Conditions other than Venereal.		Totals.		Grand Totals
	T.	C.	T.	C.	T.	C.	T.	C.	
Individual (*a*) attention of the Medical Officer . .	2358	1127	2846	958	526	150	5730	2235	7965
Intermediate (*b*) treatment, e.g. irrigations	234	19	8553	754	50	15	8837	788	9625
Totals . .	2592	1146	11399	1712	576	165	14567	3023	17590

In-Patients.

TABLE XVI.

	Syphilis.		Gonorrhœa		Conditions other than Venereal		Totals.		Grand Total.
	T.	C.	T.	C.	T.	C.	T.	C.	
Total number of patients admitted	13	8	15	7	–	–	28	15	43
Aggregate number of in-patient days	425	265	522	144	–	–	947	409	1356

For males the average stay in hospital per patient was 31.5 days.

Pathological Work (conducted in Pathology Department, Leicester Royal Infirmary).

Microscopical		Serum Tests		
for Spirochætes.	for Gonococci.	Wassermann.	Kahn.	for Gonorrhœa.
47	2743	1257	—	—

(These figures include those of the Female Department.)

As a V.D. Pathologist I am strongly in favour of the V.D. Department having a microscope fitted with dark ground illumination. At the present moment our department has no microscope. This is most essential, especially for the early diagnosis of primary syphilitic cases. I am also in favour of the Kahn precipitation test used in conjunction with the Wassermann Test.

Treatment.

There have been few advances in the treatment of gonorrhœa and syphilis during the past year. Every effort has been made to bring the Male Clinic up to a high advanced standard.

As anti-syphilitic drugs, Salvarsan and its substitutes, and Bismuth are still the main drugs in use. Mercury is favoured by some. A routine course of treatment for uncomplicated primary and secondary cases of syphilis has been in force throughout the year. While one cannot always follow a uniform course, I feel that, provided there are no contra-indications, this greatly adds to the standard of our work. Careful recording of cases will eventually provide valuable statistics. This course, in which "914" preparations along with Bismuth, are given, is now as follows :—

Routine Course A.

Week.	"914"	Bi.	
1	0.45 gm.	0.24 gm.	
2	0.6	0.24	
3	0.6	0.24	
4	——	0.24	
5	0.6	0.24	
6	0.6	0.24	
7	——	0.24	
8	0.75	0.24	
9	0.75	0.24	
10	——	0.24	KI Mixt.
11	——	0.24	KI Mixt.
12	——	0.24	KI Mixt.
13	0.75	0.24	
14	0.75	0.24	
15	0.75	0.24	
Total	6.6 gms.	3.6 gms.	

16 W.R. and detailed Clinical Examination.
17-21 4 weeks Hutchinson's Pills.
21-25 4 weeks no treatment.
Repeat Course.

We have had excellent results from intramuscular administration of liver extract in the treatment of arsenical dermatitis. So marked was the recovery after treatment that I increased the later doses of "914" in Course A from 0.6 gm. to 0.75 gm. as I consider the risk of intolerance less, and the therapeutic effect much better.

It will be observed that we are dividing our new primary syphilitic cases into "sero-negative" and "sero-positive" cases (see Table III). This division is important when grading cases for treatment.

In the treatment of cases of syphilis of the nervous system, intravenous injections of Tryparsemide have been continued with striking results. Malarial treatment has also been employed with promising results.

Co-operation with Other Hospital Departments.

The V.D. Centre has greatly benefited from advice and help of the staff of other departments in the Royal Infirmary and also from the staff of the City Mental Hospital.

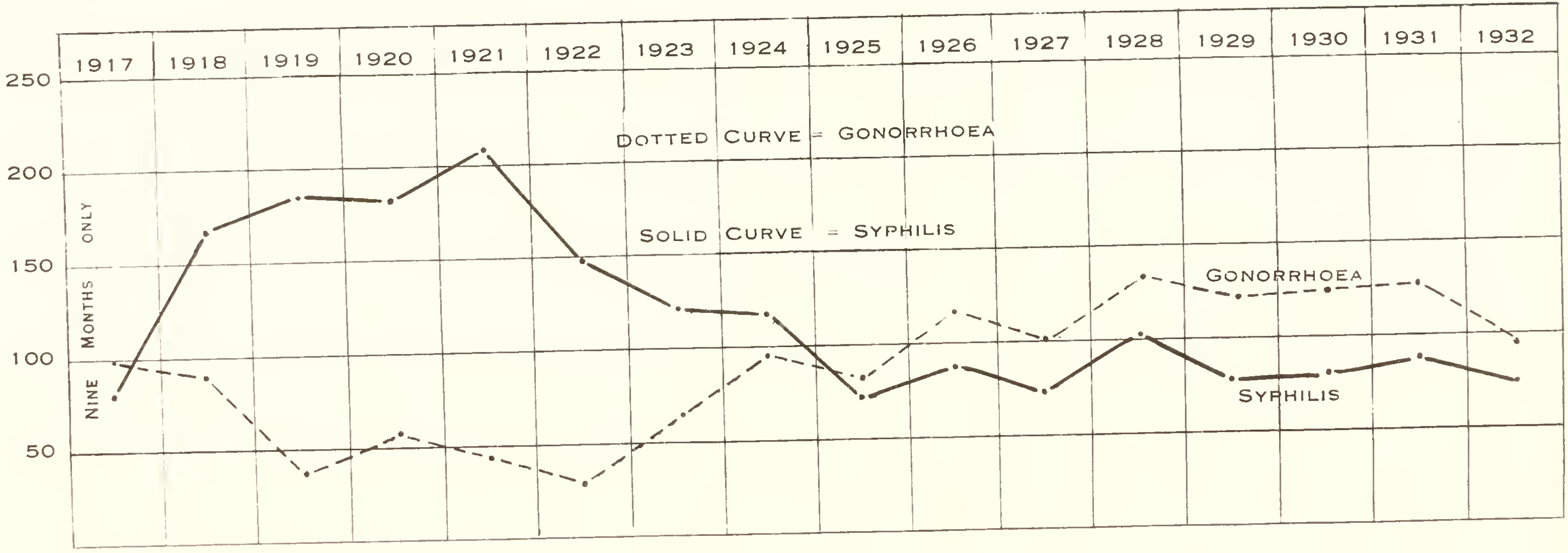
A considerable number of our cases of active venereal disease were discovered in the wards of the Infirmary and transferred to the V.D. Department for treatment.

C. HAMILTON WILKIE,

(Medical Officer of Male Venereal Department).

GRAPH VII

VENEREAL DISEASES
NEW CASES IN FEMALES (CITY ONLY)
ROYAL INFIRMARY CLINIC
1917-1932



The curves for Venereal Diseases in females are very different from those in Males. The number shown as new cases is only the number coming forward for treatment, and not the number actually occurring, of which we have no official record. The apparent increase since 1925 can partly be accounted for by a difference in classification.

2. Report on Female V.D. Clinics for the year 1932

By BESSIE W. SYMINGTON, M.D., B.S. (Lond.).

The total number of new cases during the year has been 371. Of these the cases from the City have numbered 282 :—

73 suffering from syphilis.
94 ,, ,, gonorrhœa.
115 showing no infection.

Of the 115 showing no infection, 93 have been advised to be examined as contacts. Twenty-two have definitely asked to be examined.

Out-Patients.

The total number of female attendances was 10,309. About 20 per cent. of this number are attendances of children under 14 years of age. 6,917 attendances were made by patients seen by the Medical Officers. 3,392 were made for prescribed treatment.

The number of cases discharged after completion of treatment has been 252 :—

Syphilis	23
Gonorrhœa	78
Soft sore	1
Not suffering from venereal disease after tests and observation	150

Cases transferred to other Clinics, 37 :—

Syphilis	24
Gonorrhœa	13

Syphilis.

Treatment has been given by drugs given :—

(1) by injection.
(2) by the mouth.
(3) by inunction.

(1) The two drugs chiefly given by injection were *neokharsivan* and *stabilarsan*. These are given by the intravenous method whenever possible.

Tryparsemide is also being given to a few cases of neuro-syphilis.

By the intramuscular method, the drugs specially used have been sulphostab and metarsenobenzene—these have been given chiefly to babies and children when the intravenous method has been impossible.

Bismuth compounds : These have been used especially in cases of eye infection. Also they have been given in acute cases at the same time as the arsenical treatment.

Mercury and potassium iodide have been given by mouth when considered necessary.

The aggregate number of injections given at all Clinics—male and female—City and County—was 5,275. Of these 1,559 were given to female City patients.

Gonorrhoea.

The number of cases of gonorrhœa has been 94. Of these ten have been diagnosed as probably suffering for more than a year with the disease. Treatment has varied considerably for the various cases :—

General.—Alkalies by mouth are always given to any acute cases.

Treatment for anæmia is given after the first one or two weeks.

Vaccines and Contramine have also been given.

Local.—Disinfection of the infected parts is carried out with various disinfectants : mercurochrome, glycerine and ichthyol, flavine and alkalies are chiefly used.

Irrigation of the bladder is carried out in all cases where the urethra is infected.

Instillation of glycerine into the body of the womb is done when considered necessary. Tampons are used when severe pain is present. Pessaries and douches are rarely given.

Cases of Bartholine's Abscess have been opened in the Out-Patient treatment room under gas.

In-Patients.

The number of days of treatment for in-patients has been 2,685, those for City patients numbering 1,931.

110 cases were admitted during the year :—

23 suffering from syphilis.
73 ,, ,, gonorrhœa.
14 confinements have taken place in the little maternity ward. All the babies were apparently born healthy but are under observation.
13 cases of salpingitis have been treated without operation.
1 case was operated on for hysterectomy.
1 case of cyst of the broad ligament with infectious gonorrhœa.
4 bad cases of gonorrhœal rheumatism have been admitted.
4 cases of dilatation and curettage.
8 children suffering from gonorrhœal vulvo-vaginitis.

No City cases of ophthalmia neonatorum have been admitted this year. These have been treated in the Ophthalmic Department, and whenever possible the mothers have been examined and treated if necessary.

BESSIE W. SYMINGTON
(Medical Officer of Female Venereal Department).

3. Report on work for Venereal Diseases at St. Mary's Home, 1 Ashleigh Road, for treatment of City Patients, 1932

The cases treated in this Clinic are specially chosen. Young unmarried girls are chosen who are not really suitable for treatment at the Royal Infirmary.

The Hostel contains nine beds and has been much improved during the year.

Four of these beds are kept specially for maternity cases.

One morning in the week Hostel cases are seen.

Thursday evenings an Out-Patient Clinic is held.

Daily work is carried out by the Sister-in-charge, as prescribed.

The number of new cases dealt with altogether was 55 :—

In-patients	28
Out-patients	27

In-patients from the City numbered 16 :—

11 suffering from gonorrhœa.
3 ,, ,, syphilis.
2 ,, ,, double infection.

Out-patients from the City numbered 24.

Four maternity cases have been treated as in-patients, two being from the City.

Treatment.

1,489 attendances have been made, seen by the Medical Officer ; 332 seen by the Sister-in-charge.

The number of injections which have been given during the year is 236.

Attempts to follow up discharged cases are always made.

Babies are seen at intervals, or sent to some Infant Welfare Centre to be watched.

BESSIE W. SYMINGTON,
(Medical Officer of Female Venereal Clinic)

APPENDIX VIII.

STATISTICAL TABLES.

TABLE 1.

MUNICIPAL WARDS. VITAL STATISTICS, 1932.

WARD. (1)		*No. of Inhabited Houses, Jan., 1933. (2)	Estimated Population, Jan., 1933. (3)	No. of Persons per "structurally separate Dwelling." Census, 1931. (4)	Births (corrected). (5)	Deaths. (6)	Deaths under 1 year. (7)
1.	St. Martin's	455	1,538	3.38	23	22	2
2.	Newton	2,056	7,381	3.59	122	111	12
3.	St. Margaret's	2,806	10,522	3.75	197	140	11
4.	Wyggeston	3,251	13,167	4.05	264	218	31
5.	Latimer	3,954	16,132	4.08	268	221	23
6.	Charnwood	1,960	7,409	3.78	113	105	7
7.	Wycliffe	2,581	9,240	3.58	108	155	14
8.	De Montfort	1,587	5,824	3.67	76	101	2
9.	The Castle	3,068	11,137	3.63	171	171	11
10.	Westcotes	7,816	27,981	3.58	385	330	28
11.	The Abbey	5,644	21,899	3.88	269	218	19
12.	Belgrave	5,103	20,004	3.92	317	226	24
13.	West Humberstone	5,590	22,192	3.97	281	265	24
14.	Spinney Hill	7,564	28,289	3.74	427	323	19
15.	Knighton	5,626	22,166	3.94	193	216	5
16.	Aylestone	5,427	22,359	4.12	360	200	19

* Figures supplied by City Treasurer.

TABLE 2.

MUNICIPAL WARDS. VITAL STATISTICS, 1932.

WARD.	Birth-rate.	Death-rate.	Infant Mortality.	Zymotic rate.	Phthisis rate.	Average Phthisis Rate, Years 1912-21.	Average Phthisis Rate, Years 1922-31.
1. St. Martin's	15.0	14.3	87	—	—	1.34	1.08
2. Newton.	16.5	15.0	98	0.68	1.90	1.77	1.47
3. St. Margaret's	18.7	13.3	56	0.86	0.86	1.87	1.46
4. Wyggeston	20.1	16.5	117	0.84	1.37	1.77	2.06
5. Latimer	16.6	13.7	86	0.56	1.55	1.55	1.35
6. Charnwood	15.3	14.0	62	0.67	1.08	1.46	1.26
7. Wycliffe	11.7	16.8	130	0.32	0.87	1.19	0.91
8. De Montfort	13.0	17.3	26	0.52	1.03	0.76	0.63
9. The Castle	15.4	15.4	64	0.72	0.72	1.11	1.31
10. Westcotes	13.8	11.8	73	0.79	1.00	0.99	0.92
11. The Abbey	12.3	10.0	71	0.73	1.10	1.22	1.05
12. Belgrave	15.8	11.3	76	0.50	0.70	1.11	0.94
13. West Humberstone	12.7	11.9	85	0.72	1.13	1.52	1.04
14. Spinney Hill	15.1	11.4	44	0.57	0.74	0.92	0.85
15. Knighton	8.7	9.7	26	0.72	0.45	0.60	0.55
16. Aylestone	16.1	8.9	53	0.36	0.98	0.87	0.85

TABLE 3.

Deaths in each Ward, classified for Age and Cause, 1932.

WARD. (1)	0 to 1 year. (2)	1 to 5. (3)	5 to 60. (4)	Over 60 years. (5)	Total all ages. (6)	Influenza. (7)	Measles. (8)	Scarlet Fever. (9)	Whooping Cough. (10)	Diphtheria. (11)	Typhoid Fever. (12)	Other Zymotics. (13)	Total (14)	Diarrhœa. (15)	Phthisis. (16)	Respiratory Diseases. (17)	Developmental Diseases. (18)	Cancer. (19)	Total. (20)
1. St. Martin's	2	2	5	13	22	..	..	..	..	..	..	..	..	..	..	4	16	2	22
2. Newton	12	3	40	56	111	3	1	1	..	..	..	..	5	..	14	21	64	7	111
3. St. Margaret's	11	5	43	81	140	6	..	..	..	2	..	1	9	2	9	18	90	12	140
4. Wyggeston	31	11	72	104	218	1	4	..	3	..	..	3	11	4	18	51	120	14	218
5. Latimer	23	12	79	107	221	4	1	..	2	1	..	1	9	4	25	35	122	26	221
6. Charnwood	7	2	38	58	105	4	..	..	..	..	..	1	5	..	8	19	60	13	105
7. Wycliffe	14	5	35	101	155	1	1	..	1	..	..	..	3	1	8	25	102	16	155
8. De Montfort	2	4	31	64	101	2	..	..	1	..	..	..	3	..	6	9	72	11	101
9. The Castle	11	2	53	105	171	5	..	..	..	..	..	3	8	..	8	30	99	26	171
10. Westcotes	28	9	99	194	330	17	1	..	1	..	..	3	22	4	28	39	204	33	330
11. The Abbey	19	4	64	131	218	12	..	..	1	..	..	3	16	3	24	28	118	29	218
12. Belgrave	24	4	79	119	226	6	1	..	..	..	..	3	10	1	14	23	140	38	226
13. West Humberstone ..	24	8	91	142	265	11	..	..	2	1	..	2	16	4	25	44	152	24	265
14. Spinney Hill	19	6	94	204	323	10	..	1	1	1	..	3	16	2	21	42	197	45	323
15. Knighton	5	2	71	138	216	14	1	..	1	..	..	..	16	..	10	22	133	35	216
16. Aylestone	19	6	84	91	200	4	..	..	2	..	..	2	8	1	22	27	117	25	200
Infirmary	39	26	197	93	355	6	..	..	1	..	..	6	13	10	10	41	242	39	355
City General Hospital ..	56	9	182	312	559	2	..	..	..	..	..	4	6	8	55	91	335	64	559
City Mental Hospital ..	..	..	24	41	65	3	..	..	..	..	..	1	4	..	4	11	44	2	65
Isolation Hospital	6	13	47	..	66	..	1	2	4	5	..	12	24	..	34	4	4	..	66

Deaths in Institutions have been subtracted from the Wards in which the Institutions are situated ; and (except in the case of the Workhouse and Mental Hosp.) have been distributed to the Wards to which they belong. Deaths of persons transferred from the Workhouse to the City General Hospital, however, have not been distributed, as the home addresses of such persons are not obtainable.

TABLE 4.
(As required by Ministry of Health).

TUBERCULOSIS.

NOTIFICATIONS ON FORM A.

No. of Primary Notifications.

Age Periods.	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
0—1	—	1	1	1
1—5	—	—	7	5
5—10	2	1	6	5
10—15	4	8	6	6
15—20	27	31	6	2
20—25	27	39	3	3
25—35	48	41	6	4
35—45	39	33	1	2
45—55	35	19	2	—
55—65	25	7	—	—
65 and upwards ..	4	1	—	—
Total Primary Notifications	211	181	38	28
Total Notifications on Form A.	223	190	44	30

The total number of fresh cases notified during 1932 on Forms A. and B., excluding cases previously notified, was :—

Pulmonary	442
Non-Pulmonary	69
Total	511

TABLE 4a.

TUBERCULOSIS CASES.

Supplemental Return.

Age Periods.	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
0—1	—	2	2	1
1—5	1	—	2	—
5—10	2	2	1	1
10—15	2	3	1	1
15—20	3	1	—	—
20—25	3	3	1	1
25—35	7	12	2	—
35—45	7	3	—	—
45—55	4	2	1	—
55—65	6	—	—	—
65 and upwards ..	5	3	—	—
Total Cases ..	40	31	10	4

TABLE 5.

Showing Number of Deaths from Tubercular Diseases in Leicester in past years.

Year		Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
		Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)		(2)	(3)	(4)	(5)	(6)	(7)
1903		266	123	111	51	377	175
1904		353	163	96	44	449	207
1905		288	132	87	40	375	171
1906		339	154	71	32	410	187
1907		275	124	99	44	374	169
1908		287	128	104	46	391	175
1909		290	129	82	36	372	166
1910		281	124	77	34	358	158
1911		288	126	66	28	354	155
1912		284	123	89	38	373	162
1913		301	130	82	35	383	165
1914		273	117	88	37	361	155
1915	War Years	325	143	76	33	401	177
1916		306	135	67	29	373	165
1917		343	157	78	35	421	193
1918		316	145	82	37	398	182
1919		264	111	62	26	326	138
1920		255	107	72	30	327	138
1921		278	116	73	30	351	147
1922		294	123	67	28	361	151
1923		285	119	36	15	321	135
1924		287	120	62	25	349	146
1925		305	127	59	24	364	152
1926		282	118	43	17	325	136
1927		283	118	63	26	346	144
1928		265	110	42	17	307	128
1929		266	110	53	21	319	132
1930		227	94	44	18	271	112
1931		262	108	49	20	311	129
1932		240	100	33	14	273	113

TABLE 6.

Age and Sex Distribution of Deaths from Phthisis in 1932.

Age Period.	Males.	Females.	Total.
0—1	..	2	2
2—4	1	..	1
5—9	..	..	..
10—14	1	1	2
15—19	7	16	23
20—24	14	15	29
25—34	30	30	60
35—44	23	19	42
45—54	24	14	38
55—64	18	6	24
65 and upwards	14	5	19
All ages	132	108	240

Occupations of Persons Dying from Phthisis in 1932.

	M.	F.
SHOE TRADE:		
Finishers	14	..
Clickers	5	..
Rivetters	..	..
Pressmen	3	..
Machinists	1	2
Various	13	7
Total in Shoes	36	9
*Hosiery Trades	16	13
Labourers	13	..
Clerks	9	5
Tailoring Trade	3	2
Vanmen	3	..
Soldiers	..	..
Engineers	8	..
Painters	4	..
Dressmakers	..	1

	M.	F.
Army Pensioners	..	..
Boxmakers	..	..
Porters	2	..
Licensed Victuallers	..	..
Shop Assistants	4	..
Warehousemen	..	..
Various	30	11
Occupations not stated (includes Married Women, Widows, Children and Persons of no occupation)	4	67
Grand Total	132	108

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

TABLE 7.

Showing the number of Cases notified of the principal Notifiable Diseases for the Fourteen Years, 1919-1932.

DISEASE.	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Smallpox	0	0	0	0	0	5	72	0	6	90	320	1192	1353	183
Scarlet Fever	579	946	714	619	576	335	774	477	620	1971	517	423	404	463
Diphtheria	272	471	324	168	142	429	350	366	309	461	253	198	115	76
Enteric Fever	30	15	27	9	6	5	4	3	3	6	2	5	3	1
Erysipelas	131	127	84	101	87	96	126	110	132	141	158	99	108	90
Puerperal Fever	11	18	21	12	7	11	7	22	9	10	11	12	8	13
Puerperal Pyrexia	..	..	..	..	..	..	..	21	34	45	25	50	32	48
Phthisis	658	572	497	566	692	725	606	650	700	668	657	582	511	442
Other Forms of Tubercle	47	59	105	43	71	65	77	77	80	117	77	66	61	69
Ophthalmia	101	101	87	66	53	28	37	36	38	24	35	32	14	20
Cerebro-Spinal Fever	4	7	4	0	3	2	2	4	4	4	8	11	16	13
Poliomyelitis	3	4	2	1	1	12	..	81	8	8	4	3	..	2
Measles	262	(Notification discontinued.)												
Encephalitis Lethargica	..	9	10	6	12	22	26	14	9	7	4	3	7	2
Pneumonia	..	131	138	177	209	247	239	143	236	239	364	202	216	236
Chickenpox	..	..	..	..	..	..	639	..	..	..	..	..	..	..
Totals	2098	2460	2013	1768	1859	1982	2959	2004	2188	3791	2435	2878	2848	1658

TABLE 8.

Showing the number of Deaths from Zymotic (or Germ) Diseases in the Thirteen Years 1920-1932.

DISEASE.	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Smallpox	0	0	0	0	0	0	0	0	0	0	1	1	0
Measles	83	7	48	21	0	43	8	18	1	17	5	14	10
Scarlet Fever	2	1	7	2	4	10	5	3	4	2	2	0	2
Diphtheria	41	28	20	9	35	34	37	11	17	13	7	6	5
Whooping Cough ..	23	33	25	31	18	69	21	29	7	56	8	9	16
Enteric Fever	3	2	3	2	1	1	0	1	0	0	1	1	0
Diarrhœa	21	30	16	38	62	57	40	22	50	27	33	40	28
Enteritis	48	67	42	22	19	10	5	2	0	0	0	0	0
Erysipelas	0	5	1	2	8	10	9	5	0	0	0	3	4
Influenza	15	47	80	31	39	55	15	54	18	214	27	39	100
Puerperal Fever ..	8	6	5	3	3	7	11	2	7	3	8	2	5
Cerebro-Spinal Fever ..	6	3	3	0	0	3	5	2	0	4	4	9	7
Poliomyelitis	0	1	1	0	0	0	7	2	0	0	1	0	1
Encephalitis Lethargica ..	6	5	4	4	7	10	9	7	3	12	8	7	9
Pneumonia	225	207	224	210	218	245	168	208	187	284	206	238	244
Totals	481	442	479	375	409	554	340	366	294	632	311	369	431

N.B.—In calculating the Zymotic rate since 1923, all the above deaths have been included except pneumonia. Particulars of deaths from Tuberculosis are given in Tables 5 and 6.

TABLE 9.—Vital Statistics of whole District during 1932 and previous years. City of Leicester.

Year.	Population estimated to middle of each year, revised in light of 1921 and 1931 Census.	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Net Deaths belonging to the District.			
		Un-corrected Number.	Net.		Number.	Rate.	Of Non-residents registered in the District.	Of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Net Births.	Number.	Rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1918	217,537	3286	3246	14.92	3981	18.30	277	179	351	108.1	3883	17.84
1919	235,847	3811	3774	15.99	3098	13.13	241	226	370	98.0	3083	13.06
1920	236,873	5934	5905	24.91	2535	10.69	173	512	528	89.4	2874	12.13
1921	237,900	5074	5097	21.42	2527	10.62	182	532	438	85.9	2877	12.09
1922	238,240	4729	4646	19.50	2675	11.22	181	544	408	87.8	3038	12.71
1923	238,580	4647	4593	19.25	2396	10.04	182	560	386	84.0	2774	11.63
1924	238,920	4466	4380	18.33	2511	10.50	218	638	346	77.4	2931	12.27
1925	239,260	4316	4197	17.54	2709	11.32	212	637	368	87.6	3134	13.10
1926	239,600	4268	4119	17.19	2542	10.60	214	649	319	77.4	2977	12.42
1927	239,940	4124	3965	16.53	2657	11.07	273	660	298	75.1	3044	12.69
1928	240,280	4216	3988	16.60	2395	9.96	268	621	282	70.7	2748	11.44
1929	240,620	4044	3747	15.57	2946	12.24	277	748	301	80.3	3417	14.20
1930	240,960	4171	3872	16.07	2345	9.73	204	603	216	55.7	2744	11.39
1931	241,300	3950	3684	15.28	2673	11.09	342	653	235	63.7	2984	12.38
1932	240,800	3846	3583	14.88	2686	11.15	349	685	251	70.0	3022	12.55

Number of inhabited houses, January, 1933 .. 64,488

Average number of persons per house, Census, 1931 3.79

Area of District in acres (exclusive of area covered by water) 8,582

NOTE.—This Table has been filled in, in accordance with the instructions given on the form supplied by the Ministry of Health.

TABLE 10.

LEICESTER BOROUGH.

Showing estimated Population, Marriage-rates, Birth-rates, and Death-rates (General and Zymotic) per 1000 living during the last 41 years, 1892-1932.

Year. (1)	Estimated Population. (2)	Marriage Rate. (3)	Birth Rate. (4)	Death Rate. (5)	Zymotic (Death) Rate (6)	Infant Mortality. (7)
1892	180,550	16.7	32.2	18.0	2.5	197.7
1893	183,900	15.8	32.6	19.7	3.5	220.4
1894	187,250	16.7	32.0	14.5	1.9	161.9
1895	190,600	16.4	31.2	17.4	3.0	206.6
1896	194,100	17.5	32.0	16.8	2.9	185.7
1897	197,600	16.7	31.6	17.9	1.9	206.0
1898	201,250	17.7	30.5	17.2	3.4	191.1
1899	204,900	17.5	30.6	18.1	3.4	196.0
1900	208,600	17.3	29.7	17.8	3.6	174.1
1901	212,498	17.1	29.0	15.7	2.3	178.0
1902	213,974	16.3	29.5	14.8	1.5	153.3
1903	215,461	16.5	27.9	14.2	1.4	161.3
1904	216,958	17.0	27.5	15.0	2.0	161.1
1905	218,464	17.2	26.9	14.0	1.6	146.5
1906	219,980	16.1	26.6	15.1	2.4	166.2
1907	221,508	16.6	24.9	13.4	.9	130.1
1908	223,046	16.0	25.4	13.9	1.6	129.7
1909	224,595	15.7	24.1	14.0	1.3	126.6
1910	226,154	17.1	23.7	12.4	.7	126.3
1911	227,634	16.6	22.9	13.4	1.4	130.0
1912	229,294	16.3	22.5	13.5	.9	109.0
1913	230,970	16.4	22.8	13.3	.7	119.3
1914	232,664	16.7	22.1	14.1	1.1	119.9
1915	232,664	24.1	20.8	14.9	.5	122.8
1916	225,907	18.3	20.7	13.6	.8	104.8
1917	217,537	16.6	16.9	13.5	.7	105.0
1918	217,537	18.6	14.9	17.8	.5	108.1
1919	236,059	21.3	15.3	13.0	.3	98.0
1920	236,874	23.5	24.9	12.1	.8	89.4
1921	237,900	20.0	21.4	12.0	.5	85.9
1922	238,240	19.4	19.5	12.7	.5	87.8
1923	238,580	18.3	19.2	11.6	.4	84.0
1924	238,920	17.7	18.3	12.3	.7	79.0
1925	239,260	17.9	17.5	13.1	1.3	87.6
1926	239,600	17.1	17.2	12.4	.7	77.4
1927	239,940	18.0	16.5	12.7	.5	75.1
1928	240,280	19.4	16.6	11.4	.2	70.7
1929	240,620	19.5	15.6	14.2	1.3	80.3
1930	240,960	18.3	16.1	11.4	.42	55.7
1931	241,300	18.1	15.3	12.4	.54	63.7
1932	240,800	17.6	14.9	12.5	.78	70.0

The above figures have been revised in the light of the census figures of the different census years. The population for the year 1920 having been considerably over-estimated has necessitated important corrections in that year.

TABLE 11. City of Leicester.

INFANT MORTALITY DURING THE YEAR 1932.

Net Deaths from stated Causes at various Ages under 1 year of Age.

CAUSE OF DEATH.	Under 1 Week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	Total Deaths under 1 Year
All Causes Certified.	77	12	7	5	101	45	40	32	33	251
Smallpox	–	–	–	–	–	–	–	–	–	–
Chicken-pox	–	–	–	–	–	–	–	–	–	–
Measles	–	–	–	–	–	–	–	–	2	2
Spina bifida	–	2	–	–	2	1	–	2	–	5
Whooping-cough	–	–	–	–	–	1	1	3	2	7
Diphtheria and Croup ..	–	–	–	–	–	–	–	–	–	–
Erysipelas	–	–	–	–	–	–	–	2	1	3
Tuberculous Meningitis ..	–	–	–	–	–	–	–	1	2	3
Abdominal Tuberculosis ..	–	–	–	–	–	–	–	–	–	–
Other Tuberculous Diseases	–	–	–	–	–	–	1	1	2	4
Meningitis (*not Tuberculous*)	–	–	1	–	1	3	1	–	3	8
Convulsions	3	1	1	1	6	8	2	1	2	19
Laryngitis	–	–	–	–	–	–	–	–	–	–
Bronchitis	–	–	–	–	–	3	2	2	1	8
Pneumonia (all forms) ..	–	2	–	1	3	8	17	10	11	49
Diarrhœa	–	–	–	–	–	7	7	5	2	21
Enteritis	–	–	–	–	–	–	–	–	1	1
Colitis	–	–	–	–	–	–	–	–	–	–
Gastritis	–	–	–	–	–	–	–	–	–	–
Syphilis	–	–	–	–	–	–	–	–	–	–
Rickets	–	–	–	–	–	1	–	1	–	2
Suffocation (overlying) ..	–	–	–	–	–	–	–	–	–	–
Injury at Birth	2	–	–	–	2	–	–	–	–	2
Atelectasis	5	–	1	–	6	–	–	–	–	6
Congenital Malformations	5	–	–	–	5	2	1	–	–	8
Premature Birth	48	3	2	3	56	1	1	–	–	58
Atrophy, Debility and Marasmus	7	1	1	–	9	2	2	–	–	13
Other Causes	7	3	1	–	11	8	5	4	4	32

Net Births in the Year {legitimate, 3,404.
illegitimate, 179.

Net Deaths in the Year of {legitimate infants, 230
illegitimate infants, 21.

TABLE 12.

VENEREAL DISEASE.

Statement showing the services rendered at the Treatment Centre during the year 1932, classified according to the areas in which the patients resided.

	Leicester.	Leicestershire.	Total.
A. Number of cases from each area dealt with during the year *for the first time* and found to be suffering from :—			
Syphilis	137	68	205
Soft Chancre	2	1	3
Gonorrhœa	294	82	376
Conditions other than Venereal	316	101	417
Total	749	252	1101
B. Total number of attendances of all patients residing in each area ..	22413	5486	27899
C. Aggregate number of "In-patient days" of all patients residing in each area	2878	1163	4041
D. Number of doses of arsenobenzol compounds given in the Out-patient Clinic and In-patient Department to patients residing in each area	1809	1039	2848

TABLE 13.

VENEREAL DISEASE CLINICS AT ROYAL INFIRMARY.

NEW CASES AND RENEWED ATTENDANCES. (City Cases only.)

YEAR.	NEW PATIENTS.						RENEWED ATTENDANCES.			
	MALES.			FEMALES.			MALES.		FEMALES.	
	SYPH.	GON.	NOT V.D.	SYPH.	GON.	NOT V.D.	SYPH.	GON.	SYPH.	GON.
1923.. ..	111	198	Records	123	66	Records	3465	4859	2948	2279
1924.. ..	93	166	not	119	98	not	3595	5528	2516	2364
1925.. ..	66	202	complete	72	84	complete	3446	7228	2245	2143
1926.. ..	99	291		90	118		3123	8323	2143	2428
1927.. ..	70	275	90	75	102	79	3164	9761	2557	2591
1928.. ..	71	246	117	104	136	60	2946	10420	2970	3619
1929.. ..	125	266	106	80	126	42	3321	10085	2529	4372
1930.. ..	134	232	117	83	129	67	4125	9778	2639	3863
1931.. ..	78	175	151	69	86	90	3324	10269	2555	3928
1932.. ..	80	204	201	73	94	115	2427	11088	2506	4773

The above figures are summarised from the quarterly returns and are not the same as the figures given in the V.D. Officers' returns which have been corrected in the light of final diagnosis. They are only given here in order that a comparison with previous years may be made.

TABLE 14.

CANCER STATISTICS, 1903-32.

Year.	Total Cancer Deaths.	Cancer Deaths—per cent. of Total Deaths.	Cancer Death-rate per 100,000 Population.
1903	192	6.2	89
1904	213	6.5	98
1905	180	5.8	82
1906	168	5.0	76
1907	199	6.6	89
1908	214	6.8	95
1909	195	6.1	86
1910	200	7.1	88
1911	236	7.7	103
1912	226	7.2	98
1913	252	8.1	109
1914	269	8.1	115
1915	219	6.4	94
1916	228	7.3	100
1917	255	8.6	117
1918	309	7.9*	132
1919	249	8.0	108
1920	257	8.9	104
1921	307	10.6	129
1922	276	9.0	116
1923	274	9.8	114
1924	281	9.5	116
1925	318	10.1	131
1926	395	13.2	163
1927	324	10.6	132
1928	349	12.7	142
1929	357	10.4	145
1930	372	13.5	151
1931	357	11.9	148
1932	356	11.8	148

*In 1918 the total deaths from all causes were very high so that the per cent. figure was proportionately lower.

TABLE 15. DEATHS FROM CANCER, 1932.

Classified according to Age, Sex and Organ Affected.

Organ Affected.	Under 40 years.		40-60 years.		Over 60 years.		All Ages.	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	–	–	–	–	3	1	3	1
Tongue	–	–	2	–	5	–	7	–
Jaw	–	–	–	1	3	1	3	2
Mouth	–	–	–	–	3	–	3	–
Larynx	–	–	1	–	2	–	3	–
Oesophagus ..	–	–	1	–	9	2	10	2
Stomach	1	–	10	11	20	24	31	35
Intestines	1	–	1	1	4	6	6	7
Colon	–	1	2	4	10	14	12	19
Rectum	2	1	5	5	17	12	24	18
Liver	1	1	1	3	5	7	7	11
Pancreas	1	–	1	1	3	1	5	2
Spleen	–	–	–	–	–	1	–	1
Lungs	–	–	3	2	1	3	4	5
Kidney	1	–	–	1	1	1	2	2
Bladder	–	–	4	1	5	6	9	7
Prostate	–	–	3	–	8	–	11	–
Testicle	1	–	–	–	–	–	1	–
Ovary	–	1	–	–	–	1	–	2
Uterus	–	3	–	11	–	4	–	18
Breast	–	3	–	19	–	23	–	45
Bones	–	–	–	1	1	–	1	1
Other Forms or not specified	1	1	4	5	10	15	15	21
Total	9	11	38	66	110	122	157	199

TABLE 16.

MIDWIVES PRACTISING IN LEICESTER, 1932.

Reg. No.	Name.	Address.
32386	Adcock, Hannah	56, Clarendon Park Road.
42983	Bamber, Mabel E.	12, Portman Street.
21278	Barry, Nellie M.	Fosse Road Nursing Home, Fosse Rd.
82087	Barton, Hilda May	56, Clarendon Park Road.
50757	Beamish, Constance Emma	5, St. James' Road.
82852	Berdinner, Gwendoline Olive	56, Clarendon Park Road.
2760	Blyth, Eliza	13, Fairfield Street.
55200	Bradshaw, Edith	Maternity Home, Westcotes Drive.
84355	Brooks, Doris Irene	Fosse Road Nursing Home, Fosse Rd.
66156	Brown, Mary Elizabeth	Fosse Road Nursing Home, Fosse Rd.
82884	Bullock, Ethel A.	56, Clarendon Park Road.
57274	Camacho, M. S.	649, Aylestone Road.
73803	Carr, Beatrice Ellen	106, Kedleston Road.
67186	Carroll, Elizabeth	Tweedbank, Bolsover Street.
74368	Carter, M.	Sundial Nursing Home, Aylestone Rd.
31591	Chandler, Sarah	16, Lincoln Street.
73062	Clarke, V. E.	34, Welland Street.
26697	Davies, Amelia M.	39, Scraptoft Lane.
36754	Dawkins, Jemima	58, Fosse Road Central.
80786	Dennis, Ethel	52, Wilberforce Road.
73224	Dhondt, M. A. E.	59, Barkby Road, Syston.
66243	Dodson, Sarah E.	35, Windley Road.
50887	East, Florrie	11, New Bridge Street.
68879	Eden, Lily	5, Thoresby Street.
83685	Elliott, Marion Frances	85, Narborough Road.
43711	Else, Charlotte	Maternity Hospital, Causeway Lane.
67246	Eyre, Blanche G.	14, Lincoln Street.
77108	Fearn, Edna D.	13, Perseverance Road.
30974	Gawthorne, Fanny	45, Aylestone Road.
73282	Germain, Ivy Rita	Westcotes Maternity Home.
83038	Gradwell, Marion	58, Loughborough Road.
15683	Gray, Jean	Maternity Hospital, Causeway Lane.
82304	Green, Doris B.	35, Windley Road.
60388	Harding, Laura	70, Lytton Road.
75166	Haynes, Nellie E.	19, The Newarke.
52095	Heath, E. M. Wilson	31, Romway Road.
26452	Heggs, Mary Louisa	Maternity Hospital, Causeway Lane.
83712	Heming, Evelyn Mary	Maternity Hospital, Causeway Lane.
78922	Hollingworth, Margaret E.	The Lodge, Morland Avenue.
55864	Holyoak, Elsie E.	187, Sheridan Street.
71043	Hopkins, Margaret Lucy	39, Hallam Crescent East.
27110	Hosking, C. A.	50, London Road, Coalville.
78931	Hows, Frederica Emily	Westcotes Maternity Home.
5223	Howsam, M.	90, Sylvan Street.
37593	Hull, Maud Marian	Uppingham Road Nursing Home.
25486	Hunt, Annie Amelia	166, Charnwood Street.
70351	Hurd, Hilda Mary	34, Diseworth Street.

TABLE 16—continued.

Reg. No.	Name.	Address.
41739	Ingham, Adelaide	58, Loughborough Road.
66160	Japlin, Annie	Jesmond Dene, Narborough Road.
73398	Kingswell, Doris E.	Maternity Home, Westcotes Drive.
77118	Kirk, Veronica	75, Aylestone Road.
11389	Laughton, Annie	236, Clarendon Park Road.
51258	Ledger, Sarah E. M.	205, Birstall Street.
76493	Mansfield, Edna	32, Narborough Road.
41332	Martin, Lilian M. C.	301, Clarendon Park Road.
49841	McCaull, Jean	85, Narborough Road.
82510	Murphy, Margaret J.	Maternity Hospital, Causeway Lane.
65416	Nixon, Edith Mary	380 Fosse Road South.
30688	Noon, Lucy A.	1, Spence Street.
84708	O'Keefe, Agnes	Maternity Hospital, Causeway Lane.
67428	Pateman, Clara	20, Warwick Street.
43317	Payne, Lilian Emily	7, Gipsy Road.
66629	Peel, Lilian May	27, Strathmore Avenue.
79801	Pilkington, Dora	Sundial Nursing Home, Aylestone Rd.
36784	Pilsworth, Maria	54, Blackbird Road.
49911	Potter, Frances A.	85, Narborough Road.
24652	Reeve, Clara	22, Vicarage Lane.
77256	Rimmington, May	54, Kensington Street.
69226	Ritchie, Ethel A. R.	11, Newtown Street.
74783	Roberts, Dorothy C. F.	64, Regent Road.
32775	Robus, Ada	Myrtledene, St. Ives Road.
79864	Royce, May W.	Maternity Hospital, Causeway Lane.
72390	Saunders, Rose Lilian	517, Saffron Lane.
81191	Schollick, Muriel	Maternity Hospital, Causeway Lane.
81192	Schollick, Rene	Maternity Hospital, Causeway Lane.
67995	Shelbourn, Esther W.	"Westdale," Countesthorpe.
80504	Shercliff, Gwendolen Ivy	75, Hopefield Road.
28446	Simister, Edith A. K.	36, Wood Hill.
69730	Smith, Edith E.	9, Laurel Road.
79163	Smith, Emily	45, Tewkesbury Street.
75128	Smith, Lillie	Maternity Hospital, Causeway Lane.
55034	Smith, Mary A.	32, Narborough Road.
58618	Starmer, E.	7, Warwick Street.
84832	Sturgess, Patricia	250, Humberstone Lane.
76097	Tite, Winifred Anne	Maternity Home, Westcotes Drive.
33771	Wakeling, Ada	25, Melton Road.
54561	Whinnett, Ann Mortimer	10, Mill Hill.
82026	Wilson, Grace M.	5, Thoresby Street.
24962	Wright, Catherine A.	193, Narborough Road.

TABLE 17.

MUNICIPAL MATERNITY HOME, WESTCOTES DRIVE.

Return relating to Maternity Homes maintained or subsidised by the Council, as required by the Ministry of Health, for Year 1932.

Form M.C.W. 96a.

1. Name and Address of Institution :— Municipal Maternity Home, Westcotes Drive, Leicester.	
2. Number of beds in the Institution	26
3. Number of cases admitted during the year	385
4. Average duration of stay	14 days
5. Number of cases delivered by—	
(a) Midwives	281
(b) Doctors	84
6. Number of cases in which medical assistance was sought by a midwife	102
7. Number of cases notified as—	
(a) Puerperal Fever	—
(b) Puerperal Pyrexia	7
8. Number of cases of pemphigus neonatorum	—
9. Number of infants not entirely breast-fed while in the Institution ..	12
10. (a) Number of cases notified as ophthalmia neonatorum	—
(b) Result of treatment in each case	—
11. (a) Number of maternal deaths	—
(b) Cause of death in each case	—
12. (a) Number of fœtal deaths—	
(i) Stillborn	11
(ii) Within 10 days of birth	8
(b) Cause of death in each case and results of post-mortem examination (if obtainable)—	
Prematurity	3
Ante-Partum Haemorrhage and Prematurity	4
Precipitate Labour and Prematurity (B.B.A.)	1

TABLE 18.

City of Leicester.

ISOLATION HOSPITAL AND SANATORIUM.

Income and Expenditure for the two years ending 31st March, 1933.

EXPENDITURE.	Year 1931-32.	Year 1932-33.
	£	£
Salaries and Wages *(see also below)*	10418	9980
Superannuation : Corporation's Contributions and Additional Allowances	433	434
Provisions	7569	6587
Drugs, Medical Appliances, &c.	1468	1218
Fuel, Light, Water and Power	4339	4209
Furniture, Bedding and Linen	1257	466
Crockery and Hardware	189	126
Uniforms and Dresses	206	227
Cleaning Materials	222	238
Laundry (including Wages)	536	473
Structural Renewals, Repairs and Painting (including Wages)	5417	2797
Grounds, &c. (including Wages)	1383	1439
Transport (including Wages)	1070	761
Printing, Stationery, Postage and Telephone	176	192
Rates and Insurance	1446	1369
Miscellaneous	276	242
Sanatorium School—Salaries, &c.	217	229
Occupational Treatment—Wages, Materials, &c.	597	530
X-ray and Light Treatment Supplies	397	352
Loan Charges :—		
Interest	1447	1347
Repayment of Debt	1649	1691
Total Expenditure	£40712	£34,907
Less Sale of Produce (including supplies from Garden, &c., to Institution) and Miscellaneous Income	1320	1429
Net Expenditure for Maintenance	£39392	£33478
Net Expenditure per Patient Day	10s. 2d.	9s. 4d.
Income for Maintenance of Patients	628	505
Net Cost (including Loan Charges)	£38764	£32973
Number of Patient Days	77,511	71,565

ALFRED RILEY,
City Treasurer.

28th June, 1933.

TABLE 19.

City of Leicester.

CITY GENERAL HOSPITAL.

Income and Expenditure for the two years ending 31st March, 1933.

EXPENDITURE.	Year 1931-32	Year 1932-33
	£	£
Salaries and Wages :		
Medical Staff	1734	1718
Nursing Staff	5673	5962
Other Staff	6514	7133
Corporation's Contributions to Superannuation Fund under Act of 1922	368	403
Superannuation Allowances under Act of 1896	353	353
National Insurance	309	339
Provisions :		
Staff	3652	3658
Patients	6965	6141
Clothing :		
Staff	172	150
Patients	437	536
Drugs and Medical Appliances	2307	2185
Fuel, Light and Water	4240	4673
Laundry :—Wages and Materials	1343	1235
Furniture and Fixtures	425	372
Hardware and Crockery	328	313
Bedding and Linen	833	528
Cleaning Materials	389	370
Disinfectants	22	31
Education and Training Sundries	98	99
Buildings, Plant and Machinery :—		
Additions and Alterations	1318	1225
Renewals and Repairs	830	3284
Painting and Decorating	358	539
Maintenance of Grounds	784	911
Removal of Patients	252	313
Travelling Expenses	276	555
Other Transport	70	
Printing and Stationery	250	319
Telephone	79	120
Sundries	204	242
Rates	1714	1869
Insurance : Fire, &c.	111	132
Disposal of Sewage	128	123
Farm and Garden	225	361
Loan Charges :—		
Interest	1187	1022
Repayment of Debt	3943	3468
Total Expenditure	47891	50682
Less Miscellaneous Income	136	244
Net Expenditure for Maintenance	£47755	£50438
	s. d.	s. d.
Net Expenditure per Patient Day	6 6	7 2

INCOME.		
	£	£
Income for Maintenance :		
Mental Deficiency Committee	471	189
Other Local Authorities	304	1507
Relatives and Patients (including Ministry of Pensions for Treatment of Ex-Servicemen)	3385	3011
Education Committee	378	248
	£4538	£4955
Net Cost (including Loan Charges)	£43217	£45483
Number of Patient Days	146,349	110,831

28th June, 1933.

ALFRED RILEY,
City Treasurer.

TABLE 20.

City of Leicester.

MATERNITY HOME, WESTCOTES DRIVE.

Income and Expenditure for the Two Years ending 31st March, 1933.

EXPENDITURE.	Year 1931-32.	Year 1932-33.
	£	£
Salaries (including Medical Fees)	879	914
Superannuation : Corporation's Contributions	51	57
Insurance	36	47
Rates	244	235
Furniture and Equipment	49	28
Repairs, Painting, &c.	106	96
Fuel, Light and Water	520	538
Provisions	832	769
Drugs and Medical Requisites	141	148
Laundry and Cleaning Materials (excluding Wages)	369	198
Garden and Grounds	179	180
Uniforms and Dresses	49	37
Bedding and Linen	51	22
Lecture Fees, &c.	83	105
Printing, Stationery, Telephone and Sundries	82	83
Architect's Fees :—Proposed Extension	150	..
Loan Charges :—		
Interest	428	395
Repayment of Debt	572	588
Total Expenditure	£4821	£4440
INCOME.		
Maternity Fees	1651	1828
Medical Fees	108	127
Training Fees	113	162
Rent of Garages, &c.	146	142
Contribution by Ministry of Health in aid of Training of Midwives	50	185
Produce supplied by Garden to Institution	37	32
Total Income	£2105	£2476
Net Cost (including Loan Charges)	£2716	£1964

28th June, 1933.

ALFRED RILEY,
City Treasurer.

TABLE 21.

City of Leicester.

DAY NURSERY.

Income and Expenditure for the Two Years ending 31st March, 1933.

EXPENDITURE.	Year 1931-32.	Year 1932-33.
	£	£
Salaries	701	684
Superannuation : Corporation's Contributions	36	32
Insurance	25	24
Rent and Rates	358	354
Furniture and Equipment	71	79
Repairs, Painting, &c.	61	59
Fuel, Light, Water and Cleaning	223	228
Provisions	576	524
Drugs and Medical Requisites	8	3
Laundry	97	85
Uniforms and Clothing	84	89
Printing, Stationery, Postage and Telephone	9	11
Lecture Fees	11	31
Sundries	27	31
	£2287	£2234
INCOME.		
Maintenance Charges	665	676
Contribution from Education Committee in respect of Mothercraft :—		
Tuition	150	150
Meals for School Girls	54	83
Meals for Mothers	24	9
	£893	£918
Net Cost	£1394	£1316

28th June, 1933.

ALFRED RILEY,
City Treasurer.

TABLE 22.

City of Leicester.

INFANTS' MILK DEPOT.

Income and Expenditure for the Two Years ending 31st March, 1933.

	Year 1931-32.	Year 1932-33.
EXPENDITURE.	£	£
Salaries and Wages	523	523
Superannuation : Corporation's Contributions ..	24	24
Purchase of Milk, &c.	1587	1354
Medical Requisites, &c.	50	26
Rent, Rates, Taxes and Insurance	145	144
Fuel, Light and Water	44	45
Telephone	9	9
Printing, Stationery and Sundries	27	39
Total Expenditure	£2409	£2164
INCOME.		
Sale of Milk, Virol, &c.	1843	1625
Maternity and Child Welfare Account :—		
Proportion of Salary of Manageress	150	150
Proportion of Rent	54	50
Total Income	£2047	£1825
Net Deficiency	£362	£339

ALFRED RILEY,
City Treasurer.

28th June, 1933.

TABLE 23.

City of Leicester.

HOME PLACE SANATORIUM, HOLT.

Income and Expenditure for the Two Years ending 31st March, 1933.

EXPENDITURE.	Year 1931-32.	Year 1932-33.
	£	£
Salaries and Wages of Matron, Nurses, &c. ..	379	409
Superannuation : Corporation's Contributions ..	10	18
Insurance	25	37
Medical Attendance	100	100
Wages of Engineer and Gardeners	449	460
Rates and Land Tax	105	98
Fuel, Light and Water	174	195
Provisions	818	859
Medical Requisites	15	4
Laundry	27	32
Buildings, &c.—Repairs and Painting	152	133
Upkeep of Grounds, &c. (excluding Wages) ..	86	62
Travelling Expenses and Transport	108	87
Furniture and Bedding	118	58
Purchase of Pigs, &c.	64	55
Miscellaneous	84	82
Total Expenditure	£2714	£2689
INCOME.		
Sale of Pigs	31	31
Garden Produce (including supplies to Institution)	130	132
Donation	..	25
Sundries	..	2
Total Income	£161	£190
Net Cost	£2553	£2499

29th June, 1933.

ALFRED RILEY,
City Treasurer.

TABLE 24.

Monthly Rainfall and mean Temperature during 1932, as recorded at the City Mental Hospital.

Figures supplied by Dr. J. Francis Dixon.

MONTH.	Rainfall in inches.	Mean Temperature Fahr.
January	1.22	42.45
February	0.28	36.51
March	1.52	37.24
April	2.73	42.93
May	6.06	49.06
June	1.61	56.18
July	3.04	61.0
August	2.02	64.25
September	2.61	56.61
October	3.23	47.88
November	1.85	43.81
December	0.70	41.32

Total rainfall in 1932 .... 26.87 inches.

No. of days on which rain fell (.01 inches or more) 168

Rainfall in previous years.

	Inches of rain.	No. of days on which rain fell
1931	26.76	177
1930	31.44	200
1929	25.52	260
1928	26.41	210
1927	32.59	210
1926	26.78	186
1925	23.06	175
1924	28.49	198
1923	25.03	201
1922	29.23	187
1921	19.03	136
1920	25.10	192
1919	30.98	191
1918	24.52	190

TABLE 25.

Showing Births, Vaccinations and Smallpox in Leicester, 1838-1932.

Year (1)	Births (2)	Vaccinations Regist'd Public and Pvt. (3)	Small-pox Deaths (4)	Small-pox Cases (5)	Year (6)	Births (7)	Vaccinations Regist'd Public and Pvt. (8)	Exemptions Granted (9)	Small-pox Deaths (10)	Small-pox Cases (11)
1838	1815	Not known	11	..	1885	4683	1812	..	..	8
1839	2024	..	50	..	1886	4863	1122	..	..	1
1840	1967	..	56	..	1887	4695	471	..	..	10
1841	1972	..	31	..	1888	4814	314	..	..	22
1842	1942	..	..	..	1889	4796	172	..	..	..
1843	2035	..	..	..	1890	4699	131	..	..	..
1844	2087	..	9	..	1891	4790	92	..	..	..
1845	2197	..	164	..	1892	5816	133	..	6	38
1846	2213	..	12	..	1893	6006	249	..	15	320
1847	2005	..	1	..	1894	5995	133	..	..	8
1848	2003	..	31	..	1895	5962	75	..	..	4
1849	2171	1613	66	..	1896	6212	86	..	..	..
1850	2239	1210	5	..	1897	6252	81	..	..	..
1851	2437	1292	2	..	1898	6152	92	..	..	..
1852	2387	1637	52	..	1899	6273	156	167	..	..
1853	2283	1843	11	..	1900	6207	343	598	..	..
1854	2467	2275	..	..	1901	6169	357	500	..	4
1855	2301	1771	..	..	1902	6313	1237	1500	5	18
1856	2402	1771	1	..	1903	6018	2487	1029	21	406
1857	2441	1880	17	..	1904	5981	1232	1041	4	307
1858	2276	2026	53	..	1905	5888	987	1112		5
1859	2518	1447	3	..	1906	5865	1073	1080	..	1
1860	2567	1766	2	..	1907	5534	1093	1256	..	..
1861	2540	1614	1	..	1908	5680	659	2401	..	..
1862	2723	1388	..	..	1909	5431	660	2367	..	..
1863	2937	1608	5	..	1910	5380	564	2335	..	..
1864	3114	1916	104	..	1911	5222	475	2964	..	..
1865	3226	1183	10	..	1912	5182	447	3173	..	..
1866	3412	1641	3	..	1913	5278	436	3391	..	1
1867	3496	1544	2	..	1914	5144	293	3438	..	..
1868	3588	3379	1	..	1915	4851	192	3812	..	..
1869	3760	3560	..	..	1916	4684	222	3931	..	..
1870	3799	3103	..	..	1917	3688	193	3287	..	..
1871	3982	3230	12	Not k'wn	1918	3246	146	2724	..	..
1872	4162	4456	346	,,	1919	3774	154	2954	..	..
1873	4447	3692	2	,,	1920	5905	201	5364	..	..
1874	4374	3764	..	,,	1921	5097	234	4662	..	..
1875	4270	3527	1	1	1922	4646	173	4286	..	..
1876	4781	3426	..	..	1923	4593	284	4109	..	..
1877	4753	3653	6	12	1924	4380	260	4062	..	5
1878	4779	3372	1	8	1925	4197	283	3908	..	72
1879	4697	3146	..	..	1926	4119	234	3710	..	..
1880	4860	2886	..	1	1927	3965	172	3684	..	7
1881	4712	3417	2	6	1928	3988	192	3712	..	90
1882	4857	3106	5	29	1929	3747	192	3517	..	320
1883	4825	1958	3	12	1930	3872	186	3825	1	1192
1884	4851	1763	..	6	1931	3681	165	3595	1	1353
					1932	3583	118	3496	..	183

The figures in this table prior to the year 1890 are taken from the Fourth Report of the Royal Commission on Vaccination, App. 3, Tables 5, 6 and 51.

In 1863-64, owing to the Smallpox epidemic which prevailed, there were 1,320 additional public vaccinations performed by the Medical Officers to the Guardians. These were chiefly vaccinations of children omitted in previous years. They are not included in the figures for the two years in question.

TABLE 26.

Vital Statistics* of 38 Large Towns (excluding London and residential towns round London) with populations of over 100,000, 1932.

TOWN.	Population for 1932.	Birth Rate.	Death Rate.	Infant Mortality.	Diphtheria Death Rate.
Birkenhead	147,700	17.7	11.6	70	0.07
Birmingham	1,009,300	16.3	11.4	68	0.03
Blackburn	122,200	12.6	12.7	67	0.07
Bolton	177,700	13.4	12.6	70	0.02
Bradford	296,300	13.6	14.0	75	0.05
Brighton	145,500	13.0	13.9	41	0.01
Bristol	403,900	15.0	11.6	53	0.05
Cardiff	222,600	15.7	12.5	76	0.04
Coventry	179,800	13.7	9.7	71	0.02
Derby	142,400	14.5	11.6	70	0.08
Gateshead	122,500	19.3	13.4	94	0.02
Huddersfield	114,000	11.8	12.8	52	0.03
Hull	318,200	19.2	11.8	68	0.42
Leeds	484,900	14.4	13.3	88	0.10
Liverpool	859,500	21.1	13.2	91	0.21
Manchester	763,000	15.5	13.2	86	0.11
Middlesbrough	140,000	20.3	12.9	85	0.04
Newcastle-on-Tyne	285,100	17.1	12.4	76	0.02
Norwich	126,600	14.7	12.1	56	0.10
Nottingham	270,700	16.4	12.5	80	0.03
Oldham	138,900	12.9	14.1	83	0.01
Plymouth	208,440	15.6	12.6	59	0.10
Portsmouth	253,100	16.2	12.3	60	0.01
Preston	118,500	14.9	13.1	83	0.01
Rhondda	140,850	17.0	12.5	71	0.15
St. Helens	107,600	20.1	11.4	89	—
Salford	220,300	15.7	13.3	97	0.10
Sheffield	513,000	14.4	11.7	73	0.01
South Shields	114,000	19.0	13.4	70	—
Southampton	177,470	17.2	12.1	54	0.01
Southend-on-Sea	120,400	11.3	12.7	54	0.04
Stockport	126,800	12.6	12.7	72	0.19
Stoke-on-Trent	276,500	17.2	12.2	87	0.02
Sunderland	188,200	21.2	13.7	95	0.03
Swansea	164,900	16.3	12.0	69	0.05
Walsall	104,700	19.1	11.4	73	0.03
Wolverhampton	133,300	16.4	11.6	61	0.11
Average	—	16.0	12.5	73	0.06
†LEICESTER	240,800	14.9	12.5	70	0.03

*Provisional figures only. From Registrar-General's Quarterly Return No. 337.

†These differ slightly from the corresponding figures calculated locally and used in the rest of this report.

TABLE 27.

HOUSING CONDITIONS

For year ended 31st December, 1932.

GENERAL STATISTICS.

Area (acres)	8,582
Population (Estimated) Mid-Year, 1932	240,800
Number of structurally separate dwellings occupied (Census 1931)	60,719
Number of families or separate occupiers (Census 1931)	63,944
Rateable Value, 1st November, 1932 (Reduced figure owing to de-rating : provisional)	£1,624,929
Sum represented by a penny rate	£6,285

HOUSING.

Number of new houses erected during the year :—

(a) Total	1,350
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority	558
(ii) By other bodies or persons	none

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	6,353
(1) (b) Number of inspections made for the purpose	10,343
(2) (a) Number of dwelling houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	890
(2) (b) Number of inspections made for the purpose	3,003
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	40
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	850

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,091

3.—Action under Statutory Powers.

A—*Proceedings under Section* 17 *of the Housing Act*, 1930 :

(1) Number of dwelling houses in respect of which Notices were served requiring repairs	none
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	none
(b) By Local Authority in default of owners	none
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	none

B—*Proceedings under Public Health Acts* :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ..	1,777
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	48
(b) By Local Authority in default of owners ..	5

C—*Proceedings under Section* 19 *of the Housing Act*, 1930 :

(1) Number of representations made with a view to the making of Closing or Demolition Orders	31
(2) Number of dwelling houses in respect of which Closing Orders were made	none
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit..	none
(4) Number of dwelling houses in respect of which Demolition Orders were made	31
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	2
(6) Number of dwelling houses demolished under Housing Act, 1925, S. 11	6
(7) Number of dwelling houses demolished under local Act..	none

TABLE 28.

MEASLES AND WHOOPING COUGH DEATHS AND MORTALITY per 1,000 BIRTHS.

Quinquennial Period.	Births.	Measles Deaths.	Mortality per 1,000 Births.	Whooping Cough Deaths.	Mortality per 1,000 Births.
1902-6 ..	30,065	342	10.3	354	11.4
1907-11 ..	27,247	420	15.4	191	7.0
1912-16 ..	25,139	437	17.3	190	7.5
1917-21 ..	21,710	248	11.4	134	6.1
1922-26 ..	21,935	120	5.5	164	7.4
1927-31 ..	19,256	55	2.8	109	5.6
1932 ..	3,583	10	2.8	16	4.5

TABLE 29.

LIST OF REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES.)

Address.	No. of Beds.
9 Mere Road	1
13 Beckingham Road	5
Central Nursing Home, 33 Severn Street	6
40 Farnham Street	2
229 Melton Road	7
56 Clarendon Park Road	9
32 Narborough Road	2
66 Uppingham Road	4
2 Melbourne Street	2
"Coneston," Thoresby Street	2
38 Cromford Street	1
Maternity Hospital, Causeway Lane	26
58 Loughborough Road	6
348 Aylestone Road	11
Sundial Nursing Home, Aylestone Road	14
22 Vicarage Lane	3
337 Fosse Road North	11
18 Ashleigh Road	4
85 Narborough Road	8
11 Newtown Street	2
1 Pool Road	3
306 Aylestone Road	2

TABLE 30.

DIPHTHERIA IN LEICESTER.

Cases notified and details registered during each quarter during years 1924-32. (From Registrar General's Quarterly Report).

Year.	Quarter.	Cases.	Deaths.	Case Mortality %
1924	First	57	7	12.3
	Second	36	5	13.8
	Third	76	7	9.2
	Fourth	252	14	5.5
1925	First	152	11	7.2
	Second	76	8	10.5
	Third	38	4	10.5
	Fourth	81	9	11.1
1926	First	94	18	19.1
	Second	92	12	13.0
	Third	82	4	4.8
	Fourth	99	4	4.4
1927	First	73	7	9.5
	Second	42	0	—
	Third	61	2	3.2
	Fourth	136	2	1.4
1928	First	134	5	3.7
	Second	84	7	8.3
	Third	138	6	4.3
	Fourth	107	2	1.8
1929	First	56	2	3.5
	Second	42	5	11.9
	Third	48	2	4.1
	Fourth	107	4	3.7
1930	First	74	3	4.0
	Second	35	1	2.8
	Third	45	1	2.2
	Fourth	44	2	4.5
1931	First	50	6	12.0
	Second	14	3	21.3
	Third	24	1	4.1
	Fourth	27	0	--
1932	First	19	2	10.5
	Second	9	2	22.2
	Third	13	2	15.3
	Fourth	35	1	2.8

TABLE 31.

CANCER DEATH-RATES, 1921-1930.

Rates per 100,000 population.

Town.	10 year average.
Aggregate County Boroughs England and Wales	133
Bradford	151
Northampton	146
Norwich	145
Manchester	142
Blackburn	142
Leicester	140
Nottingham	140
Burton-on-Trent	139
Grimsby	136
Plymouth	135
Bristol	134
Lincoln	133
Portsmouth	130
Hull	130
Birmingham	128
Newcastle-on-Tyne	125
Wolverhampton	124
Liverpool	120
Smethwick	115
Stoke-on-Trent	112
Walsall	107
West Bromwich	105
Dudley	91

TABLE 32.

Deaths during 1932 of Persons belonging to City of Leicester as classified by the Medical Officer of Health according to Disease, Sex and Age-period.

CAUSES OF DEATH.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	1498	134	28	27	28	64	152	399	365	301
	F	1524	117	16	13	20	51	162	374	308	463
1. Enteric fever . .	M	–	–	–	–	–	–	–	–	–	–
	F		–	–	–	–	–	–	–	–	–
2. Smallpox . .	M	–	–	–	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–
3. Measles	M	6	–	1	5	–	–	–	–	–	–
	F	4	2	1	1	–	–	–	–	–	–
4. Scarlet fever . .	M	–	–	–	–	–	–	–	–	–	–
	F	2	–	–	–	2	–	–	–	–	–
5. Whooping cough	M	7	3	3	1	–	–	–	–	–	–
	F	9	5	3	–	1	–	–	–	–	–
6. Diphtheria . .	M	2	–	–	1	–	1	–	–	–	–
	F	3	–	–	2	1	–	–	–	–	–
7. Influenza . .	M	45	1	–	–	–	–	4	24	7	9
	F	55	–	1	1	1	2	4	17	12	17
8. Encephalitis lethargica . .	M	8	2	–	1	–	1	2	1	1	–
	F	1	–	–	–	–	–	1	–	–	–
9. Meningococcal meningitis . .	M	5	–	–	–	2	2	–	1	–	–
	F	13	6	1	1	2	–	3	–	–	–
10. Tuberculosis of respiratory system	M	132	–	1	–	1	21	55	40	12	2
	F	108	2	–	–	1	31	47	21	5	1
11. Other tuberculous diseases	M	18	3	2	2	2	5	3	1	–	–
	F	15	2	1	1	5	4	2	–	–	–
12. Cancer malignant disease	M	157	–	–	–	–	1	11	58	62	25
	F	199	–	–	–	–	2	20	86	54	37
13. Rheumatic fever	M	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	1	–	–	–	–	–
14. Diabetes	M	10	–	–	–	–	–	1	2	5	2
	F	14	–	–	–	–	–	2	8	2	2
15. Cerebral haemorrhage, &c. . .	M	130	1	–	–	–	1	1	36	52	39
	F	162	–	–	–	–	–	7	49	47	59
16. Heart disease . .	M	248	1	–	2	5	11	17	67	87	58
	F	253	1	–	–	1	3	17	71	68	92
17. Arterio-sclerosis . .	M	33	–	–	–	–	–	–	6	13	14
	F	24			–	–		–	2	8	14

TABLE 32—continued.

Causes of Death.	Sex.	All Ages.	0	1—	2—	5—	15—	25—	45—	65—	75—
18. Bronchitis ..	M	91	5	2	–	–	–	1	16	30	37
	F	95	1	1					21	25	14
19. Pneumonia (all forms)	M	116	17	10	4	4	2	12	36	19	12
	F	128	30	1	3	1	–	11	21	25	30
20. Other respiratory diseases	M	9	–	–	–	–	–	3	3	3	
	F	11	1	–	–	–	–	2	3	1	4
21. Ulcer of stomach or duodenum ..	M	9	–	–	–	–	–	1	5	–	–
	F	1	–	–	–	–	–	–	1	–	–
22. Diarrhoea, &c. ..	M	16	12	1	1			–	–	1	1
	F	12	10	1	–	–		–	1	–	–
23. Appendicitis and typhlitis	M	9	–	–	–	5	1	2	1	–	–
	F	2	–	–	–	1		–	1	–	–
24. Cirrhosis of liver	M	5		–	–	–	–	1	3	1	–
	F	1	–	–				1	1	2	
25. Acute and chronic nephritis ..	M	50	–	–	–	–	–	5	20	15	10
	F	38	–	–	–	–	1	5	11	9	12
26. Puerperal sepsis ..	M	–	–	–	–	–	–	–	–	–	–
	F	5	–	–	–	–	–	5	–	–	–
27. Other accidents & diseases of pregnancy and parturition	M	–	–	–	–	–	–	–	–	–	–
	F	14	–	–	–	–	1	13		–	–
28. Congenital debility and malformation, premature birth	M	82	79	3	–	–	–	–	–	–	–
	F	53	51	1	1	–			–	–	–
29. Suicide	M	26		–	–	–	1	7	11	5	2
	F	14	–	–	–	–	1	2	10	1	–
30. Other deaths from violence	M	38	3	1	2	7	10	1	9	3	2
	F	19	–	–	1	–	1	1	9	3	4
31. Other defined diseases	M	246	7	4	8	2	7	22	59	49	88
	F	265	3	2	2	3	5	19	38	46	147
32. Causes ill-defined or unknown ..	M	–	–	–	–	–	–	–	–	–	–
	F				–	–			–	–	

ISOLATION HOSPITAL AND SANATORIUM. TABLE A.
Number of Patients Admitted, Discharged and Died during 1932.

DISEASE.	Remaining 31st December, 1931 (As diagnosed on admission)	Admitted during Year. (As diagnosed on admission)	Discharged during Year.	Died during Year.	Remaining 31st December, 1932 (As diagnosed on admission)
Scarlet Fever	22	339	349	2	10
Diphtheria	13	85	73	6	19
Enteric Fever	—	—	—	—	—
Measles	—	43	33	1	9
Erysipelas	4	14	16	1	1
Cerebro-Spinal Fever ..	—	10	3	5	2
Puerperal Fever	1	14	13	1	1
Other Diseases	1	96	74	16	7
Smallpox	7	197	204	—	—
Smallpox Contacts	1	20	21	—	—
Tuberculosis :—					
Observation Cases ..	17	39	56	—	—
Adults	111	334	315	34	96
Surgical	32	20	22	1	29
Children	2	—	2	—	—
Discharged Soldiers ..	2	6	6	—	2
	——164	——399	——401	——35	——127
Total	213	1217	1187	67	176

ISOLATION HOSPITAL AND SANATORIUM.

TABLE B.

Patient Days.

	For 12 months ending Dec. 31st, 1932.	For 12 months ending March 31st, 1933.
Smallpox	3470	3284
Smallpox Contacts	214	197
Scarlet Fever	6797	5729
Diphtheria	3239	3628
Enteric Fever	25	—
Cerebro-Spinal Meningitis	544	603
Puerperal Fever	486	650
Other Infectious Diseases	3633	4583
Tuberculosis :—		
Adults	41029	38998
Discharged Soldiers	1036	1284
Children	331	166
Surgical Cases	11526	11168
Observation Cases	1799	1275
	74129	71565

SUMMARY.

Infectious Diseases	18408	18674
Tuberculosis	55721	52891
Total	74129	71565

GROBY ROAD SANATORIUM.

TABLE C.

As required by the Ministry of Health.

A.—Average Number of Beds available for Patients during the year 1932.

——	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total
	"Sanatorium" Beds	"Hospital" Beds	Disease of Bones and Joints	Other Conditions	
Adult Males	28	36	6	. .	70
Adult Females	20	51	6	. .	77
Children under 15 . .	. .	2	15	. .	17
Total	48	89	27	. .	164

B.—Return showing the Extent of Residential Treatment during the Year 1932.

			In Institution on Jan. 1	Admitted during the year.	Discharged during the year.	Died in the Institution.	In Institution on Dec. 31
Number of Patients	Adults.	M.	66	187	183	16	54
		F.	60	160	147	19	54
	Children.		21	13	15	. .	19
Number of Observation Cases	Adults.	M.	. .	24	24	. .	. .
		F.	1	13	14	. .	. .
	Children.		16	2	18	. .	. .
Total			164	399	401	35	127

TABLE D.

As required by the Ministry of Health.

"HOME PLACE," HOLT.

A.—Average Number of Beds available for Patients during the year 1932.

—	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions	
Adult Males ..	..	..	..	..	..	..
Adult Females	..	..	..	..	..	..
Children under 15	..	..	..	..	..	..
Total ..	..	..	..	..	..	26

B.—Return showing the Extent of Residential Treatment during the Year 1932.

			In Institution on Jan 1.	Admitted during the year.	Discharged during the year.	Died in the Institution.	In Institution on Dec. 31.
Number of Patients	Adults.	M.	..	60	60	..	..
		F.	..	72	72	..	..
	Children.	M.	..	0	0	..	..
		F.	..	5	5	..	..
Number of Observation Cases	Adults.	M.	..	..	..	..	..
		F.	..	..	..	..	..
	Children.	M.	..	..	..	..	..
		F.	..	..	..	..	..
	Total ..		..	137	137		

TABLE E. As required by the Ministry of Health.

RESULTS OF TREATMENT. GROBY ROAD SANATORIUM.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL.
			Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	–	–	–	–	2	–	–	–	–	–	–	–	2
		Not Quiescent ..	11	18	–	18	19	–	2	4	–	–	–	–	72
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–
	Class T.B. plus Group 1.	Quiescent	–	–	–	–	–	–	–	–	–	–	1	–	1
		Not Quiescent ..	7	6	–	7	6	–	3	7	–	–	1	–	37
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–
	Class T.B. plus Group 2.	Quiescent	–	–	–	–	1	–	–	–	–	–	–	–	1
		Not Quiescent ..	22	10	–	68	22	–	16	13	–	1	2	1	155
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–
	Class T.B. plus Group 3.	Quiescent	–	–	–	–	–	–	–	–	–	–	–	–	–
		Not Quiescent ..	3	6	–	16	17	1	6	5	–	–	1	–	55
		Died in Institution ..	14	9	–	1	7	–	–	–	–	1	2	–	34
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent or Arrested	–	–	–	–	–	–	–	–	–	–	–	2	2
		Not Quiescent ..	–	1	1	–	–	–	1	–	2	2	5	10	22
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	1	–	1
	Abdominal.	Quiescent or Arrested	–	–	–	–	–	–	–	–	–	–	–	–	–
		Not Quiescent ..	–	–	–	–	–	–	–	–	–	–	–	–	–
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–
	Other Organs.	Quiescent or Arrested	–	–	–	–	–	–	–	–	–	–	–	–	–
		Not Quiescent ..	–	–	–	–	–	–	–	–	–	–	–	–	–
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–
	Peripheral Glands.	Quiescent or Arrested	–	–	–	–	–	–	–	–	–	–	–	–	–
		Not Quiescent ..	–	–	–	–	–	–	–	–	–	–	–	–	–
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–

TABLE E 1. As required by the Ministry of Health. "HOME PLACE," HOLT.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL.
			Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent		1		—	—	—				—			1
		Non-quiescent . .	11	27	5	1		5					—		43
		Died in Institution . .	—	—	—	—									
	Class T.B. plus Group 1.	Quiescent		—	—			—	—	—					
		Non-quiescent . .	13	13		—		—		—		—	—	—	26
		Died in Institution . .	—		—		—		—		—	—	—		—
	Class T.B. plus Group 2.	Quiescent	—		—		—		—	—	—		—	—	—
		Non-quiescent . .	36	28			—		—	—		—	—	—	64
		Died in Institution . .	—	—	—	—			—	—	—	—	—	—	—
	Class T.B. plus Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-quiescent . .	—	3	—	—	—	—	—	—	—	—	—	—	3
		Died in Institution . .	—	—	—	—	—	—	—	—	—	—	—	—	—
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent or Arrested	—	—	—	—	—	—	—	—	—		—	—	—
		Non-quiescent . .	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution . .	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent or Arrested	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-quiescent . .	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution . .	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent or Arrested		—		—	—	—	—	—		—	—		—
		Non-quiescent . .	—			—		—	—	—	—	—	—	—	
		Died in Institution . .	—		—										
	Peripheral Glands.	Quiescent or Arrested	—												
		Non-quiescent . .													
		Died in Institution . .	—	—	—	—		—							

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